

# CONTENTS

VOLUME 4      NUMBER 1      JANUARY 1959

*Editor's Page*    2

*The Life-Space Interview*    DAVID WINEMAN    3

*Worker-Client Authority Relationships in Social Work*    ELLIOT STUDY    18

*The Retreat to the Technician*    ALVIN L. SCHORR    29

*Casework Treatment of Delinquents Who Use the Primary Defense of Denial*  
ALICE H. COLLINS and JAMES R. MACKAY    34

*Problems of the One-Parent Family*    KURT FREUDENTHAL    44

*Salaries, Costs, and Workloads*    NATHANIEL GOODMAN    49

*"He Who Would Do Good to Another Must Do It in Minute Particulars—"*  
MARY LEE NICHOLSON    58

*American Immigration Policy in the Era of the Dispossessed*    WILLIAM S. BERNARD    66

*Group Work in Psychiatric Settings: Its Roots and Branches*    GRACE L. COYLE    74

*Social Work in Public Health*    ELIZABETH P. RICE    82

*A Study of Critical Incidents in the Hospitalization of the Mentally Ill*  
CARROLL A. WHITMER and C. GLENN CONOVER    89

*Learning Disabilities: Their Dynamics and Treatment*    MARY S. KUNST    95

*A Method for Evaluating the Social Functioning of Families Under Treatment*    L. L. GEISMAR and BEVERLY AYRES    102

*Points and Viewpoints*    109

*Book Reviews*    111

*Letters*    123

## Editor's Page

THE JOURNAL FACES a peculiar situation between two of its various subcultures: the career researcher who represents, so to speak, the scientific elite, and the practitioner whose broadening professional role persuades him to try his hand at some of the humbler forms of studies in the "research" manner. For the first time, the practitioner about town is seriously trying to learn about measurement. In his days of innocence, he had already been drilled into a respect for facts; he had also learned the importance of the case. "Each case is different."

The single case *in extenso* was followed by the condensed record illustrating the principles of the helping process. Most teachers and supervisors were committed to what was assumed to be scientific method in getting facts for diagnosis and treatment. But from the research angle, the practitioner did not yet know what facts to get, what questions to ask. He did not know how to diagnose except descriptively, in terms of proximate and obvious causal relations. He did not yet know that etiology, the *why* of causation, was an extremely difficult problem in research. He soon discovered that it was difficult to measure the complex variables within the case constellation and that the units the social scientists wanted to measure had little relevance to his purpose in treatment. His principles, therefore, continued to be a series of value judgments rather than scientifically based!

Schools of social work and the field of practice have begun to appreciate the importance of the underlying objectives of the career research scientist, but the problem still remains that the practitioner who wants to learn how to study his cases, using some research tools, finds little encouragement and help.

The emphasis of the "researchers" remains methodological; understandably they take a dim view of the practitioner whose use of research tools is somewhat naïve.

This poses a dilemma for the Editorial Board whose members wish to encourage practitioners toward a research orientation and the use of some research tools; on the other hand, the board does not wish to encourage the wrong use of an exacting discipline.

Ann Shyne, the Research Section editor, points out some of the limitations and common faults in papers submitted for publication. She speaks of lack of sufficient acquaintance with prior related work and, therefore, failure to build upon what has been done before; the use of more elaborate methods of analysis than are justified by the scanty data; poor organization and unclear writing; lack of precision of language such as use of the term *correlation* to refer to *relationships* (our old standby) that are not correlations in the statistical sense. The sampling today of cases leaves much to be desired. Small numbers are not too bad in themselves, but they sometimes fail to justify the broad conclusions writers draw. Lack of precision in writing is not confined to those who attempt research, but all in all, we wish to share with our readers our concern that several interesting papers have too many research "foot-faults." What do our readers think of this?

Perhaps the most interesting point is a rather frightening one. Is communication between the pure scientist and the practitioner, however well informed, possible? Robert Oppenheimer comments that it has become almost impossible. He speaks charmingly in *Harper's Magazine* (October 1958) of a "gay and wonderful discovery" for which two scientists were awarded the Nobel Prize:

that nature has a preference for right-handed or left-handed screws in certain situations and is not indifferent to the handedness of the screw—to explain this is, I believe, quite beyond my capacity. And I have never heard anyone do it in a way that could be called an enrichment of culture.

In his own gay and wonderful way, he says:

(Continued on page 109)



BY DAVID WINEMAN

## *The Life-Space Interview*

THE PRESENT ARTICLE describes an interview approach—the life-space interview—originated by Fritz Redl under specific conditions of practice with ego-disturbed children—and contrasts it with traditional interview techniques found in clinical social work practice.

The greatest single influence on the interview method in clinical social work has come, of course, from classical psychoanalytic treatment practice. *Content* most eagerly sought by the classical therapist is that which refers to the libidinal relationship to the parents and siblings of the client, on both conscious and unconscious levels. Interview *relationship and role structure* are most carefully guarded against contamination from either the therapist's or client's ongoing life experiences; neither the therapist nor the client may have such ties with each other as could involve either or both with the opportunity for gratification of the other or direct power over each other's behavior away from the interview setting. Finally, the *time-space conditions* under which all clinical events take place

are strictly defined in an appointment hour (time) and in the therapist's office (space).

The original psychoanalytic model from which this is borrowed is best suited, and was originally developed clinically, for the classical adult neurotic. Although complexly disturbed, he sacrifices the least of his ego to his illness, as compared with other disturbance syndromes, and his principal *ego strain* is experienced in connection with his specific conflicts, leaving him free to cope with most other adjustive tasks in a normal way. However, when we come to the child neurotic, things are a little different—even with the "classical" child neurotic. Redl<sup>1</sup> reminds us that Anna Freud herself explicitly recognized that certain modifications of adult therapy techniques were necessary because of the incompleteness in ego development and the nature of the child's relationship to the adult world. These modifications raised the ceiling on how far the therapist could directly invade libidinal, reality, and value spheres, as compared with adult therapy. Thus, one of Miss Freud's girl patients was seriously advised by her that while it was

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<sup>1</sup> Fritz Redl, "Strategy and Techniques of the Life-Space Interview," *American Journal of Orthopsychiatry*, Vol. 28, No. 1 (January 1959).

perfectly all right to use obscene language in telling her fantasies to Miss Freud, this was "out" anywhere else. Specific directions and suggestions of a management or training type could be made to parents. On the gratification level, candy bars, soft drinks, and cookies are far from infrequent in orthodox therapy with children of less than pubertal age.

Yet, in spite of these shifts toward more involvement in the libidinal, reality, or value zones of the child's life, classical child therapy—casework or psychoanalytic—sticks with *content* focus on libidinal materials of a historically determined type, becomes involved in ongoing reality areas only to "save" the therapy from oblivion, and, while permitting gratifications to the child, holds these down to the bare minimum required to involve the child in a relationship. Also the classical *space-time* condition of the office appointment is preserved.

So much for a brief structural analysis of the "classical" interview concept and its modifications for work with children. Now let us examine the origin and development of the "life-space" concept which in some ways only carries further the modifications begun by Anna Freud, and in others is clearly different along qualitative lines.

### LIFE-SPACE CONCEPT

In the early 1940's, Fritz Redl was operating both summer camp and winter club groups in the city for severely ego-disturbed children, who had been referred by various Detroit social agencies with whom the children were simultaneously in individual therapy. As experience accumulated in these projects, it was noticed that frequently a child might produce behavior (temper tantrums, swiftly appearing sulks and withdrawals, stealing, fighting) that required on-the-spot handling of an interview-like type, the responsibility for which was assumed by the adult in charge, usually a group worker or a group work-field work

student. Upon analysis, the types of interviews<sup>2</sup> that grew out of this proved to hold a technical complexity and meaning that any good casework or psychiatric interview might have, even though the locus of interview was much more a part of the *life-space* of the child, its content released by a piece of unplanned *life-space* dynamics and was being performed by an "out-of-role" person who had direct life-experiential meaning for the child on reality, value, and libidinal terms. Thus, while the classical approach would specify that reality issues should be handled only when they endanger therapy, the life-space approach would insist that with severely ego-damaged children they provide some necessary materials without which therapy could not go on. Yet—and this is important—it does not argue that traditional methods cannot also be of powerful assistance and readily concedes that both methods can be applied in the service of therapy with the same child. Thus, for instance, many of the episodes that were the target of life-space interviewing in the club groups were also picked up by the agency therapist later on, either being brought in by the child himself or raised by the worker who was always in communication with the project leader.

Beginning in this way, the life-space approach was further experimented with at Pioneer House (1946-48),<sup>3</sup> a residential treatment home for boys, at the children's ward and residence at National Institute of Mental Health in Bethesda (1953-present),<sup>4</sup>

<sup>2</sup> Redl first used the term "marginal" instead of "life space" for these interviews. The reasons for this shift are interesting but not crucial to this paper. One reason, as Redl wryly puts it: "The term marginal lost the clarity of its meaning besides the low-status meaning the term 'marginal' seems to hold for some people."

<sup>3</sup> Fritz Redl and David Wineman, *Controls from Within* (Glencoe, Ill.: The Free Press, 1951).

<sup>4</sup> Fritz Redl, "Strategy and Techniques of the Life Space Interview," *op. cit.*

Joel Vernick, "Illustrations of Strategy Problems in Life Space Interviewing Around Situations of Behavioral Crises," paper presented at the 1957 Annual

## The Life-Space Interview

and at the University of Michigan Fresh Air Camp, a summer camp for disturbed boys (1950-present)<sup>5</sup> from which setting the clinical material for the present paper is drawn.

### GOALS, TASKS, AND LEVELS OF FUNCTION

The type of child around whose treatment life-space interviewing has been developed finds it virtually impossible to manage himself for a single day without the eruption of behavioral episodes representing in one way or another his disturbances in ego functioning. In this section we shall try to examine the ways in which these episodes may be used by the clinician as potential content for life-space interviewing, and the kinds of goals, tasks, and levels of function that have been tentatively worked out for this style of interview. As an opening illustration, let us take a look at Ricki,<sup>6</sup> one of our last season's Fresh Air campers in one of his "bad" moments.

Ricki, an 11-year-old boy with a chain-style history of broken foster home placements, was a terribly deprived, bitter child with an insatiable, violent hunger for proofs of affection from the adult and an equally intense expectation of treachery and deceit. Imagine, then, his reaction when one day, after an acrimonious dispute between himself and another camper over the ownership of a

walking cane which had been made in the camp craft shop, the facts supported the other child and we had to take the cane from Ricki and give it to the other youngster. He blew up immediately, had to be physically prevented from slugging the other boy, accused us of being in league with the other boy, and so on.

At the point of eruption of this "symp-tomatic" behavior, the adult on the scene will have to decide in which of two basic directions Ricki's interview handling should go:

1. He may simply try to "pull him through" the behavioral storm and sit it out with him until he is controlled enough to go about his regular business of life at camp. In addition to this protective waiting it out with him, we would also try to take the edge off his suspicion about our being in "cahoots" with the other boy by going over the facts again of how the mixup in the craft shop had occurred so that the other boy's cane had been mistakenly given to Ricki. And we would display our eagerness for him to have a cane by offering immediately to detail a staff member to help him start a new one, thus alleviating his frustration in having to wait until the next morning when the craft shop would be open again.

2. Our on-the-scene adult, instead of merely sitting it out with Ricki and getting him started on a new walking cane, might see this as a good opportunity to pick up this particular blow-up (which was a repetition of many that Ricki had already had) as a typical instance of his "problem," point out that this was the way he reacted *when-ever* things didn't go the way he wanted them to, that we knew that even back in the foster homes he had these blow-ups, and so on. In other words, in Step 2 the adult tries to use this situation toward the realization of a long-range clinical "improvement goal." (Actually in this case we went only as far as Step 1 because Ricki was still too confused about himself and his problems to have enough "uninfected ego" on tap for

Meeting of the American Orthopsychiatric Association.

Allen T. Dittmann and Howard L. Kitchener, "Life Space Interviewing and Individual Play Therapy: A Comparison of Techniques," *American Journal of Orthopsychiatry*, Vol. 29, No. 1 (January 1959).

William C. Morse and Edna R. Small, "Group Life Space Interviewing in a Therapeutic Camp," *American Journal of Orthopsychiatry*, Vol. 29, No. 1 (January 1959).

<sup>5</sup> William Morse and David Wineman, "Group Interviewing in a Camp for Disturbed Boys," *The Journal of Social Issues*, Vol. 13, No. 1 (1957). Also, for the interested, this issue carries several articles on the University of Michigan camp and its operation.

<sup>6</sup> All campers' names are pseudonyms.

use in picking up a useful perception of any part of the self in relation to a long-range goal.)

Redl has given these two major uses of the life-space interview characteristically descriptive titles.<sup>7</sup> Simply pulling a child through a tough spot (our Step 1) he calls "emotional first aid on the spot." If, in addition, the incident is tactically aimed at the long-range goal (our Step 2) he calls it "clinical exploitation of life events." However, the dichotomy is anything but a tight one. Not infrequently, there may be a coupling of the two functions or a switch midstream in the interview. Following the dichotomy with this warning in mind, let us now examine some of the subfunctions of these two basic functions.

### CLINICAL EXPLOITATION OF LIFE EVENTS

Clinical "exploitation"<sup>8</sup> is a broad term. A clinical goal, upon inspection, becomes a network of subgoals or tasks which therapy is trying to achieve. Interviews along the way serve now one, now another, of these subgoals. In the category under discussion, the following separate subheadings are aimed at demonstrating this discreteness of function in the life-space interview.

#### 1. REALITY "RUB-IN"

Many ego-damaged children are perceptually confused as to what goes on around them either because they have already woven together a "delusional"<sup>9</sup> system of

life interpretation or because they suffer from a peculiar "drag" of a structural type in their ego development. In either case, many times they don't seem to "get the hang" of a social interaction web unless one puts it together for them with the special magnification aids of the "on-the-spot" style of interview.

Hank, 8½, is removed from his cabin at bedtime in screaming, hitting rage, having already socked his counselor twice in the side. "She didn't have no right to flip me on the floor," he yells, as we take him to the main lodge of the camp, giving in this way his rationale for hitting her. In the lodge, he sits broodingly in a thirty-minute sulk before he will say anything at all, while the counselor and I sit with him, the latter having been relieved by another staff member so she can stay with Hank and me. As his rage drains out and in response to our encouragement, he blurts out again, "She didn't have to flip me to the floor!" Then commenced a four-way interview between Hank, Lorie (the counselor), myself, and Dr. Albert Cohen, the camp sociologist.<sup>10</sup>

Lorie: (*replying to Hank's statement that she "flipped" him*) This is not the way it really happened, Hank. Remember you've been jumping on me, poking me, and pulling on me most of the afternoon and evening.

Hank: (*somewhat defiantly but smiling a little*) Aw, that was just in fun. You didn't even care about that.

Lorie: I asked you to stop many times.

Hank: Well, yeah, but you really didn't care though.

Cohen: Hank, let's talk about what happened in the cabin tonight. Here was Lorie trying to get you guys to bed—right?

Hank: Right.

ing the "good" adult as though he were the same as the "bad," they commit a delusional error.

<sup>10</sup> All examples are drawn from the University of Michigan Fresh Air Camp experience of 1958. In each instance the writer was the interviewer except where otherwise specified. Each interview sample is the product of postinterview "selective" recall. Both individual and group interviews are included and will be identified as such.

<sup>7</sup> Fritz Redl, "Strategy and Techniques of the Life Space Interview," *op. cit.*

<sup>8</sup> Throughout this article I am following the nomenclature of the life-space interview and its major as well as subfunctions originated by Redl and appearing in his article "Strategy and Techniques of the Life-Space Interview," *op. cit.*, and also, in part, in our joint volume, *Controls from Within*, *op. cit.*

<sup>9</sup> The term "delusional" is used to connote a kind of persistent, perceptual distortion of a somewhat persecutory type which is frequently found in impulse-disordered children. Since, however, many of them have really been badly handled by the adult world, this is not classically paranoid. Yet in treat-



## The Life-Space Interview

Cohen: And what were you doing?  
Hank: I was holdin' on to her.  
Cohen: How?  
Hank: I was grabbin' her around the middle from behind. I had my arms around hers (*pinning her arms*).  
Cohen: And Lorie is busy trying to help the other guys get ready for bed.  
Hank: Yeah.  
Cohen: And the other guys may need things that she has to get or want her to do some things for them, too.  
Hank: Yeah.  
Cohen: Lorie is tired and she's been asking you to quit jumping on her most of the afternoon and evening but you're still grabbing her and won't let her go.  
Hank: Guess so—but she didn't have to flip me.  
Cohen: Did she ask you to let her go?  
Hank: Yeah.  
Cohen: How many times?  
Hank: Three or four.  
Cohen: So she asks you to let go. But you keep hanging on to her. Now, (*gently and emphatically*) she's asked you many times but you still hang on. She wants you to let go because she is tired of all the jumping and hanging on and has all these things to do which she can't because you're dragging on her. What do you think she should do?  
Hank: Dunno.  
Cohen: She has to get loose, doesn't she?  
Hank: Guess so.  
Cohen: So she spreads her arms forcing you to let go—right?  
Hank: Yes.  
Cohen: Could she have done it any other way?  
Hank: (*without anger and quite readily*) No—guess not.  
Wineman: Then you fell to the cabin floor?  
Hank: Yeah.  
Wineman: Then what happened?  
Hank: The kids laughed and I got mad.  
Wineman: I guess we can all see that that would be hard to take. And then?  
Hank: I socked Lorie.  
Wineman: Hank, right after you socked Lorie, how did you expect she felt toward you?

Hank: Sore at me.  
Wineman: And because you thought she was sore at you, what else did you think about her and you?  
Hank: That she wouldn't like me.  
Wineman: And then?  
Hank: I got mad all over again.  
Wineman: And then?  
Hank: I socked her again.  
Wineman: That's about when I came into the cabin, isn't it? (*He nods.*) And she was havin' to hold you because you were so sore. Then I took you over here and at first you were still so sore you wouldn't talk or anything and still kept thinking that she had tried to flip you on purpose—right?  
Hank: Yeah. (*By now he is smiling rather brightly; his mood has changed from sullen and defiant to cheerful agreement; actually he seems to enjoy the careful empathic unraveling of the episode.*)

At this point, it seems that Hank has a much clearer perception of his own role in the production of the cabin situation and the "flip" by Lorie. At first he sees her as an aggravator and rejector, blots out entirely his own persistent, somewhat erotic, pestering of her and his blocking of her carrying out of her duties in the cabin in relation to the whole group. This series of perceptions is the target of the first part of the interview. Next he sees that the group reaction to his unfortunate fall "burns him up" and grasps the relation between this and slugging the counselor the first time. Finally, he understands that once he has "socked her" he expects retaliation from her in the form of rejection (Note: He does not expect to get "socked" in return, showing his basically *correct* understanding of our policy against physical punishment). This, he sees, makes him even more angry *so he hits her again*. Then comes the finale in the lodge.

In terms of goal, this type of interview is both short-range and long-range in its intent: short-range, we want to help Hank stop mauling the counselor *as soon as possible*. Long-range, through the "injection"



of many such interview episodes, we want him (1) to become more habituated and skilled in self-observation and (2) to step up his sensitivity to the feelings and emotions of people upon whom he is acting in an interpersonal chain. Hank's postinterview behavior in relation to this single item—mauling the counselor—improved, by the way, so that the short-range goal can be said to have been achieved. Obviously, as stated, only multiple exposure can attack the long-range problem but this may be seen as a link along the way.

## 2. SYMPTOM ESTRANGEMENT

Another characteristic of the children in connection with whose treatment the life-space interview has been developed is that instead of finding any part of their functioning strange or bothersome (as does the conventional "treatment-prone" neurotic) they have invested heavily in secondary gain ventures to such an extent that the whole ego seems to be allied with their central pathology rather than any part of the ego taking a stand against it. While this does not mean that the whole ego is sick with the same disease that we are trying to cure, unless its "uninfected" part can be "estranged" from the core pathology and converted into an allegiance to seeing that "something is wrong," the clinical battle cannot even get started. The life-space interview has shown itself to be peculiarly fitted for this crucial, initial task.

Don, 10 years old, is so intensely driven toward the image of a teen-age "hood" that he seems to have stepped out of a "cornier-than-life" Hollywood movie of this type of kid. He has been an addict smoker since the age of 6, steals, knows all of the crude sex terms and practices, and lies with the aplomb of an Alcatraz lifer when "caught with the goods." An adopted child of a near-to-middle class family, he has overwhelmed his adoptive father with the force of his "delinquent" identification, spurring the father into alternating fits of brutality and mawkish,

sentimental surrender of a defeatist type. Any admitted perception on Don's part that he is ever scared, might need protection against more powerful kids, or that he might, in any cell of his being, have a "little boy" part seems to have been ruthlessly ground out of awareness. The following episode was one of the first clinical demonstration chances we had at camp to trap his ego into what might be considered a potentially "treatment positive" perception. It all happened as a result of Don's having sadistically teased one of his cabin mates by shaking a tree branch that this boy was perched on, in spite of the other one's terrified screams for Don to stop, and, then later on the same day, ripping up another cabin mate's Sorry cards because the second boy would not give Don a snake he had caught. These two seemingly unrelated events were "stitched" together in the following interview in such a way that Don's fear motivation was made visible to him.

Interviewer: Don, do I have this straight—when Terry was yelling for you to stop shaking the branch, you kept on doing it anyway?

Don: Yep.

Int.: And then what would Terry do?

Don: Keep yellin' for me to stop.

Int.: But the more he yelled the more you what —?

Don: Shook'im.

Int.: Why do you suppose he was yelling?

Don: Because he was scared.

Int.: Yet the more scared he got, the more it seems you felt like shaking him.

Don: That's right.

Int.: I wonder why you'd want to do that—make him scared?

Don: I dunno.

Int.: That'd be something I should think you'd want to know about yourself—don't you agree?

Don: (uneasily) Yeah.

*The interview then moves on to the second incident of the same day—tearing up the Sorry cards.*

Int.: Don, how come you ripped up Rusty's Sorry cards?

## The Life-Space Interview

Don: (*indignantly*) Heck—he promised me the next snake he caught and after he caught this here snake he never gave it to me.

Int.: Well, I guess he should've gone through with his deal, although I'm not saying you had the right to tear up his cards because he didn't. Anyway, how come you don't catch your own snakes?

Don: (*indignantly again*) I'll bet you'd like to get bit by a snake on yer finger?

Int.: No, I wouldn't. You mean you are scared enough of snakes that you try to get Rusty to give you one of his? Not take the risk of catching one yourself?

Don: Yeah, boy.

Int.: And yet when Terry is up in the tree you do everything you can to make him more what —?

Don: (*disgustedly*) Scared!

Int.: That's right Don, scared. So now I begin to wonder to myself. Maybe Don wants to make other guys scared because if he can be such a guy as *can* scare other guys, then he doesn't have to be so what —?

Don: (*spits it out*) Scared!

Int.: Yep—that's right again—scared.

Don: (*blustering*) Yeah—yeah. (*in his most "gravelly" voice*) Next time my ma comes I'm gonna ask her to bring two of my buddies, *they'll* tell you I don't get scared.

Int.: Easy, boy, easy! I'm not saying you're chicken or that you get scared all the time. Heck, anybody gets scared about certain things—there's nothing wrong with that. But you—you don't like to admit you get scared hardly at all. Go around actin' like you're a teen-ager, smoking, stealing and all that. You *do*, don't you? We've been through that before.

Don: Yeah.

Int.: So all I'm sayin' now is that maybe some of that stuff is mixed up with your tryin' to make out that you don't scare easy—see? That's about all I'm saying. And you're already in plenty of trouble back home on account of doin' that, aren't you?

Don: (*unhappily*) Yeah.

Don, of course, is far from happy with any of this. In fact, he is "burned up." The clinical issue, however, is the question: is he any *wiser*? We think he may be—a wee, but crucial, bit. Also, it puts us in a much more favorable position to urge Don to take more seriously the camp caseworker's attempts to get at his problem as well as to take a new look at what his worker in the city is trying to do for him. This, followed by continuing interview coverage which explores his fear motivation, is an important step in working back to his whole tough-guy reaction formation against being little and helpless. (Of course, there is a hard possibility that Don cannot be helped by anything short of residential treatment anyway, but that is another story and not for these pages.)

### 3. VALUE REPAIR AND RESTORATION

The ego-disturbed child handles still another major adjustive task very unskillfully: that of bringing about a proper balance or synthesis between values and behavior. This is a complicated issue and there is not enough space to give it the "phenomenological respect" it deserves. Briefly, with the children under consideration, there are three aspects of this problem:

a. There may be some *deficiencies* in value content: certain pieces of superego have never been formed.

b. There may be some *uniquenesses* in value content: certain pieces of superego are formed but are different, sometimes to the point of opposition, from the value pattern of the dominant, surrounding social environment.

c. Regardless of what value content there may be to begin with, the *superego is incompletely introjected*, still depends in its functioning upon the presence of "adult enforcers," and is feared and fought by the ego.

These three possibilities are not necessarily mutually exclusive; in fact, with the type of children being discussed they are

usually interwoven. The resulting clinical challenge involves us in the task of helping them become more sensitive to the demands of whatever superego has already been built into the personality, or rebuilding it or modifying it as the case may be. Since the admission of guilt is often fought off by these children out of fear of peer-group derision or rejection as "adult lovers," it is especially important to reconnoiter their myriad interpersonal squabbles and feuds for "clean" issues where potentially culpable children can be spared this expensive prestige payment in front of their buddies.

A group of 11-year-olds was being seen with the purpose of trying to help them figure out why they were continually at each other's throats, battling, cursing, teasing each other with cruel tricks, and, in general, unmanageable by their counselors. As typically happens, at the outset they all heaped responsibility on a particular youngster who served as chief scapegoat.

Int. (Al Cohen): What are some of the things Larry does that make you guys think he causes all the trouble?

Chorus of voices: Calls us "mother names,"<sup>11</sup> spits at us, wakes up early in the morning and yells—stuff like that.

Int.: Tell me about the last time he did that.

Joe: This morning I was sitting on my bunk before flag-raising—and I asked him for one of his comics—so he says: "Yer mammy."<sup>12</sup>

Int.: And what did you do?

Joe: I says, "Yer sister."

Int.: And then?

Joe: He throws a shoe at me.

Int.: And then?

Joe: I climbs up on his bunk and slugs him—that's what!

Chuck: (a third boy) Yeah, and he always does stuff like that. That's how we get in trouble.

Int.: Who else had fights today?

Sam: (a fourth boy) I did—with Chuck!

Int.: How come?

Sam: Aw, we come out of the swim and he calls my mother a name.

Int.: Chuck, is that right?

Chuck: Yeah—'cause that bastard [Sam] flicked his towel at me!

Sam: The hell I did—I just threw it over my shoulder!

Bill: (a fifth boy) 'n this so-an-so (pointing at Jim, a sixth member of the group) flicks his towel at me.

Int.: What was Larry doing all this time?

Group: (Silence)

Int.: You mean he wasn't involved at all?

Voices: Naw!

Int.: Look. First you guys start off by saying that Larry starts all the trouble, but here are Joe, Chuck, Bill, Sam, and Jim all at each other, yelling mother names, slugging with towels, spitting—and Larry wasn't in on it at all. He sure couldn't have started this one, could he? I wonder how fair it is to accuse him of starting "everything."

Group: (Amazed silence, then agreement.)

Joe: (his principal accuser) Boy, it sure wouldn't be easy to be him!

It is clear that this quite amazing pinpointing of a piece of group unfairness could hardly have emerged so cleanly without a close "life-space probe" resulting in clarification of the behavior chain involved in this particular incident. That the original goal of the interview (to help them achieve some insight into their mutual goading of each other) was only lightly covered detracts hardly at all from the unexpected value lesson so deftly pulled out of the interview by the interviewer. In fact, it hit at one of the contributing factors to the group control problem which was one of tax-exempt shifting away of blame from the self on to the scapegoat. This evasion became much harder for them after such a clear admission of unfairness. The reader may be reminded by this spontaneous inter-

<sup>11</sup> A complicated form of verbal teasing by accusing each others' mothers of obscene sex practices.

<sup>12</sup> The unspoken, but understood ending to this expletive is "Yer mammy is a whore."

## The Life-Space Interview

view development of an earlier comment (see page 5) about the difficulty of deciding ahead of time as to exactly which goal a given life-space interview is to be focused upon.

### 4. NEW TOOL SALESMANSHIP

In this very aptly named subfunction of the life-space interview, Redl has emphasized that one of the severe hazards faced by the ego-disturbed child is linked to the marked impoverishment of his reaction techniques. An important clinical goal, then, is defined by this particle of his pathology: situations must be salvaged from his ongoing experience which can be used to give him a vista of "new tools" that may be applied in moments of problem-solving breakdown.

Chick, a delinquent boy of 9½, who had been booked by the police many times in his short life for larceny and armed robbery—among lighter offenses such as truancy—was a very assaultive child. Early in the camp season, we faced a critical problem in his tendency to slug his female counselors on what appeared to be light provocation. Detailed exploration of these encounters proved that the attacks upon the counselors took place when sudden floods of rage and fear confronted the ego based upon Chick's anticipation of rejection or physical attack from the counselors whom he really liked very much. This seemed to be a severe transference style reaction stemming from a lifetime of exposure to violence and fear at home. However, complex though it was, the transference reaction was not the immediate problem but rather that when Chick was in a fear state, reality-justified or not, the only think he seemed to be able to do was to use his fists or a nearby weapon. Thus, the first problem we attacked was not the reality distortion of his counselors' feelings and motives toward him, but his need to use his fists to begin with whenever he had such feelings. Partly he was *aware* that he was caught in a web of confusion to begin

with, which fact he conveyed to us directly once after we had said, "Chick, you know the counselors aren't like *that*" (meaning that the counselors neither wanted to hurt nor reject him). To which he replied, "Yeah, but sometimes you just *can't believe it*." Our tack with him then became: "Chick, whenever you have those kinds of feelings, use *this* (smiling and lightly putting a finger on his mouth) instead of *these* (touching his fists). He gave his "crooked" smile and seemed to understand.

Of course this had to be repeated many times—it was not easy to wean Chick from using his fists. Ironically enough, the very next incident, after the above attempt to sell him "word tools" in exchange for slugging, involved his being brought in for *biting* the counselor and then claiming he was using his mouth instead of his fists as he had been asked to! But gradually, and ultimately with pride, he substituted crude verbal statements of fear and rage for action demonstrations as far as the adult was concerned at least.

### 5. MANIPULATION OF THE BOUNDARIES OF THE SELF

One of the job achievements that proper ego development assures to the individual is that of helping him to learn effectively where he "ends" and other people and/or their rights, privileges, and processes "begin." This is one sector of the larger process of distinction between the self and the non-self that developmental theory posits as one of the major critical achievements of ego growth. Unclear and complex as this process is, it is a certain fact that it is blocked and hamstrung in the type of children under discussion. Thus, in addition to having a core pathology of severe, uncheckable impulsivity, they seem to have much more than a peripheral, additional problem in dealing with other people and situations with the proper degree of auton-



omy and self-determination. Breakdown of this ego subfunction results in two widely opposite responses: (a) either other people's excitement quickly becomes theirs, other kids' mischief or aggression quickly racing toward them and covering them as a leaping flame with a gasoline-soaked rag; or (b) quite the reverse, their own feeling tone, whim, or prejudice is narcissistically, sometimes even megalomaniacally, forced upon another individual with no apparent awareness of or concern about the boundary between the own self and the other person, his rights, privileges, and so on.

In other words, in the first reaction, (a), the ego permits itself to be invaded by a "foreign" ego and then functions as though the motivational trend of the invading ego were its own. In the second reaction, (b), the ego invades a "foreign" ego and then functions as though it were the motivational trend of the invaded ego. The pathology is the same, the direction reversed, just as having the delusion that one is dead or is the last person on earth who is living are examples of the same pathology.

An interesting example of the second reaction, as well as a beginning attempt at influencing it, may be found in the following fragment of a long interview with Slim, a violent, but verbal and intelligent 13-year-old. It so happened that Slim intensely disliked a peculiar trait of one of his cabin mates: a habit of walking on his toes whenever he was barefoot.

Slim: He (*other boy*) always stands and walks on his tiptoes. I don't like that. I don't know why but it seems to be just one more reason for not liking him. So I decided, and I told him, that every time I caught him doing that I would snap him with my towel. I'm trying to break him of the habit.

Int.: Do you really feel you have the right to inflict pain upon him just because you don't like it.

Slim: Yeah (*slowly and deliberately*). I really think I do.

Int.: You mean your conscience goes along with this?

Slim: No, it doesn't. I know it's wrong to do but sometimes when I don't like something I feel I have the right to attack it.

Int.: Even though you know it isn't right according to your conscience.

Slim: My conscience can't control me when I get mad.

Int.: I guess that's the real problem, isn't it, Slim? You really can't control this, even when your conscience tells you it's wrong. Seems to me that this is where you need special help.

Slim: I know it. . .

In this interview the goal is to stake out the problem as clearly as possible when Slim is not caught in one of his megalomaniacal episodes and to promise "lend-lease" to the superego-identified part of the ego in its struggle with the narcissitic infantile part. Obviously, there will be a need in the long-range treatment of Slim to attack many more issues than this one. Thus, the special motives and feelings into which this particular ego weakness plays and which form the central core pathology have, of course, to be dealt with. However, this narcissistic blurring of ego boundaries does stand as a formidable clinical problem on its own and there is a question as to whether entree can be gained or waited for into the deeper pathology without tackling this piece of it first. Thus, for instance, by talking with Slim about Whitey's walking habit, it was possible to explore with him the possibility that Whitey was disliked by him for still other reasons, or served as a target for other problems, and in this way Slim's pubertal, phallic competitiveness with Whitey came out. Then it was suggested to him that perhaps his dislike of Whitey's walking on his toes was based upon a fear that Whitey would leap upon him and hurt him—in this way proving he was stronger than Slim. It was interesting that this markedly paranoid boy was relieved by this "theory" which reduced his fear of Whitey. Now of course this does not cure his ego-boundary problem or his paranoia,



## The Life-Space Interview

but it does aim at giving help to the uninvolved part of the ego for dealing with both if continued in balanced doses over a long enough time.

These have been some few, rough illustrations of the use of life-space interview on the level of "clinical exploitation of life events." There is no implication that a completely investigated instrument of change has been evolved or that any of the children in this setting are being treated until the correct terminal point in their therapy will have been reached. In each case, only a *piece* of the total pathology is being demonstrated as it has been contacted through the interview by picking up a life event or a series of life events packed together in a relatively short time exposure.

### EMOTIONAL FIRST AID ON THE SPOT

As mentioned earlier, another major function of the life-space interview is that of simply pulling a youngster through a tight spot without any specific intention or clinical motive toward cure. Its aim is to offer to the ego hygienic protection and support which aid it in overcoming a temporary, sometimes critical, loss of function. Here, too, Redl has offered tentative categories aimed at clarifying some of the subfunctions of this style of life-space interview. Broadly, these differentiate between interviews which aid the ego in moments of (1) acute frustration, fury, guilt, or panic; (2) throw support around the ego when it is faced by sudden violent retreat from relationship; and (3) help a child steer his way safely through some complicating and confusing "social and behavioral traffic jams" and decision-making crises. For space reasons, we shall confine ourselves to samples showing two different subfunctions classifiable within these three groups. The apparent simplicity of such moments conceals their complexity and to some of our more orthodox clinical brethren may make them "undeserving" for admission to the elite status of "the interview."

### INTERVIEW SUPPORT IN AN EPISODE OF PANIC

Chick, whom we have had occasion to describe a few short examples back, was watching a camp movie, "Bad Day at Black Rock," when his counselor observed him get up in a restless, agitated way and walk out of the lodge with the kind of expression that she had learned to read as "trouble." Tipped off by her I followed him out. He said nothing when I asked, "Hey, Chick, what's the trouble?" but strode purposefully along to his cabin. I jogged along by his side in as friendly and relaxed a way as I could. He got into his cabin, climbed up in a bunk, pulled up his blankets to his chin. "I ain't goin' back to that movie or the campfire later or nuthin'." "How come?" No answer. I stretched out on an empty bunk across from his, leaned back, folded my arms under my head and waited. A few minutes later, he got up just as purposefully as he had come in, pulled his blanket back, got down, strode out of the cabin. There I was again by his side. Not a word between us. He walked to the boys' "john." I waited. He came out and went back to the lodge. Instead of going in, he sat down on a bench near the door. I sat down next to him. About a minute passed. Then he said, "Some Western that is . . . no shootin' or anything!" "Oh" I said, "there'll be shootin'—wait 'till that one-armed guy catches up with the bad guy. The one that killed his buddy which is why he came to this town." "Oh," says he, "that I gotta see," and walked in. I went with him and sat by him in the movie. In a low voice I sketched out what was happening in more detail: how Spencer Tracy, the "one-armed guy," had this friend in the army who had come to this town and been killed by a gang of crooks. Some men in the town who had gone along with the killing—like a weak sheriff—had a bad conscience but were afraid to do anything about it. Now the one-armed guy was going to show them that they didn't have to be scared. He was "giving them back their guts." Then

they would take care of the bad guys. Chick relaxed, exchanged comments with me, and appeared to enjoy what was happening. After a bit I "faded" away, leaving him on his own. The rest of the evening was uneventful—campfire and all.

In this encounter, Chick seems to be upset by the subtle violence of this movie as contrasted with the explicit violence of the usual Western—"ain't no shootin' or nothin'." He withdraws and finally returns after two clear-cut "regression" behaviors: climbing into bunk and urinating. In making the plot and actions *explicit* for him—like an interpretive subtitle—and throwing "proximity" protection around him, the ego is able to recontact the fear-inspiring situation and master it. This illustration would seem to be in line with Redl's category of interview helps in the management of "panic, fury, and guilt."

Is this really a "simple" situation that could have gone unhandled? Far from it! Chick, on his own, would have parlayed this momentary threat into an aggressive attack on somebody during the balance of the evening. Yet no attempt is made here to deal with any underlying causality for the ego's inability to meet this situation without fear—this is what differentiates this type of life-space interview from "clinical exploitation."

#### INTERVIEW SUPPORT IN MOMENTS OF "RELATIONSHIP DECAY"<sup>13</sup>

One of the most dangerous maneuvers of the sick ego is its tendency to draw back into the communication-bereft world of autism. While the more intactly delinquent child rarely finds this complete a retreat necessary, using mainly aggressive exploitation of the surrounding world as his major approach to all problems, there is a category of prepsychotic-like disturbances

marked by explosive types of acting out intermixed with dependency and passivity, with strong superego and id forces pressing against a thin, underskilled ego, where sudden psychological retreat happens more easily than the clinician finds comfortable to behold. Such a boy was Jon, 13.

Whenever Jon became threatened by aggressive or sexual feelings regardless of whether they were set off by some action or language of other boys in the cabin or from "within" by his own feelings or fantasies, he acted like a virtual hebephrenic: cackled like a rooster, smirked, rolled his eyes, screamed wildly, attacked stronger boys recklessly, shouted obscenity. One day, after a day and a half of such behavior which was almost virtually impossible to bring under control, his whole cabin blew up at him and in their words: "We're goin' to kill the bastard!" The whole gang came in for a talk about it and in the interview room Jon continued to display the whole panorama of behavior described. Finally I asked him in a firm, decisive way: "Look, do you want to work this out or not?" He looked at me and said very calmly, "Well, Dave, you see I've been like this for three years" and then, bang! He was "off" again. Only this time he added to his previous paraphernalia of "goofiness": running out of the room, coming back, hiding under the table, getting back out again and throwing some sunflower seeds he was eating at one of the toughest kids in the cabin. Then, in response to my pressure, he would "come back again" with a few rational statements about himself and his feelings only to follow this with a fit of wildness.

After this happened about six times and it was all we could do to keep the other kids away from him, we let them go and kept him with us since it was dangerous to release him under these conditions. Dr. Phil Spielman, a visiting participating psychiatrist (on a busman's holiday from Dr. Redl's residential treatment unit at Bethesda) and known to all the boys, had been sitting in with

<sup>13</sup> Fritz Redl, "Strategy and Techniques of the Life Space Interview," *op. cit.*

## The Life-Space Interview

us during the group talk and at this point said to Jon: "How come, every time you make a sensible statement about yourself, you immediately go off your rocker and act like a wild man? There is something that is bothering you but you can't come close to it without running away. Why don't you tell us what it is?" At this point I left "Phil" (as he was known to all campers) alone with Jon.

About an hour and a half later, I saw them coming down to the waterfront for a swim. Jon was literally like another person. Phil had "got to him." This particular episode, Jon had finally told Spielman, was caused by his fear of Biff, a much tougher, more primitive adolescent from a neighboring cabin who had come into Jon's cabin one day when the counselor was out for a brief while and started some rough sexual horseplay with him which involved grabbing for his genitals. Jon, quite calm now, told me later that this scared him—that he had never seen "stuff like this before." I told him I would talk to Biff and make clear that we would not tolerate anybody forcing other kids into play like that which, in my role as one of the "camp bosses," it was possible to do as far as Biff was concerned.

In this sequence of events, neither the interviewer nor I made any attempt to get at the reason as to why this upset Jon so much. This would have involved opening up on a deeper clinical level than the camp was able to engage in with Jon. The whole purpose was simply to try to get him back into communication and relationship which necessitated that he face his sexual excitement and fear that Biff had released. Also, obviously, it was important, then and there, to prove to him that we could *protect* him from Biff, which also played a decisive role in the restoration of control and the relinquishing of the bizarre borderline behavior which masked the anxiety.

In summary, these samples of "emotional first aid on the spot" type of life-space interviews are aimed at demonstrating (1) the difference between this function and "clinical

exploitation of life events" and (2) differences between some subfunctions of the "first aid" type. It should be obvious that all the classifications of function are anything but airtight and mutually exclusive, a warning that has been stressed, right along in this discussion. For example, both Chick and Jon were involved in panic reactions but Jon's was of a deeper and more devastating type and threw him into a more dangerous channel of defense. The reason for subclassifying them is only to trap the different quality of challenge to the interviewer and not to imply that true compartmentalization of ego pathology and interview function really exists in a rigid sense. This same fluidity exists, as has also been stressed, between the "clinical exploitation" and "first-aid type" of interview, too, and there are many interview moments where the two major functions are converged into a single broad interview effort or alternate with each other at different time segments of the interview. This should not surprise the classicist in therapy because the same procedural fluidity exists there, too. For instance, frequently the neurotic has to be "soothed" in the very same hour as a dream is interpreted, or he has to be sympathized with or emphatically reassured of the therapist's continued affection and support even though he has death wishes toward the therapist. These are similar to the mixtures of "first aid" and "clinical exploitation" that exist on the terrain of the "life-space" approach.

Finally, it is necessary to point to a serious gap in the present discussion. Again because of space, it has not been possible to describe various critical factors that determine the ways in which the life-space interview is to be used. Issues such as timing, the particular role of the interviewer in the life of the interviewee, the nature of the ongoing activity within which the episode to be used for life-space interviewing may develop or even the particular physical location circumscribing such an event are all of vital importance. Beyond

offering the assurance that the relevance of all such factors is assessed in relation to each instance of use of life-space interviewing, no more can be described.

### IMPLICATIONS FOR PRACTICE

What, if any, of this is translatable for general agency or outpatient clinical social work practice? The fact that life-space interviewing has been developed and tested in a relatively restricted area of institutional or quasi-institutional design and that even in such settings there is much for us to relearn and modify makes this a most speculative and tentative issue.

First, it must be clearly stated that the moment we talk about outpatient practice we should be simultaneously shifting our sites to a different type of clientele than the severely disturbed children described thus far. For them the life-space approach holds no new answers in extramural settings. There is no cheap solution for the grim lethargy of the American community in providing a tragically needed expanding front of intensive inpatient treatment designs of a variety of types for severely disturbed children and adults.

Beyond this, for appropriate practice of a clinically oriented type with properly selected clientele, one general, underlying meaning of the life-space approach would involve the development of a *tool-conscious* interest in the ongoing life experience of the client and how various segments of it may be carried into the therapeutic situation more meaningfully. We must recognize that this has been going on silently for some years in agency practice. However, since many of the life experiences of the client are made known to the worker only through the clients reporting of them, there has been reluctance to rely on these as compared to other forms of more indigenous data about the client—fantasies, fragments of emotion, attitudes toward and perceptions of the worker, behavior in the interview situation, and so on. This is a

real problem and cannot be dismissed. Still, much of what we do tactically with the client is governed by what we *believe* is achievable and reachable. If there had been no theory about the importance of dreams, no one would “dream” that such ephemeral and diffuse data could ever be recovered from the far-off corners of the psyche and converted into pragmatic materials for therapy either, and a whole magnificent skill area would not have developed. However, agency practice will, itself, have to define its adaptation of the life-space approach through appropriate experimentation and in advance of this nothing more specific should be said.

Leaving the typical agency setting and thinking of certain special, but still non-institutional designs of practice, life-space findings may hold more concrete applicatory meanings. In *detached worker* settings with the hard-to-reach and in *school social work practice*, a very clear entree for experimentation with these techniques is immediately visible. In such settings, the worker in varying ways and degrees is *already embedded in pieces of the client's life-space to begin with*, is perceived as such by the client, and has available for interview use life events in close proximity to their actual occurrence.

Finally, life-space interview findings remind us once again of the crying need for planned experimentation—and I mean in practice!—with combinations of group work and casework. What *did* happen to case-work and group work as a clinical blend anyway? Fritz Redl, Gisela Konopka, and S. L. Slavson have written about it for the last twenty years, at least, in publications too numerous to mention. Yet today there is the most abject resignation in our field to the extinction of professional group work, a shaking of heads over the fact that “Group work is a dying field!” If child guidance and family casework agency practice were widened to articulate these two approaches, a badly needed gap would be filled in treatment resources for certain



## The Life-Space Interview

types of problems. Although they do not require institutional therapy, clients with such problems are still not reachable without making available for treatment life experiences that can be created on the group scene and are clinically useful there as well as in the interview situation. Shall we disentomb group work?

Perhaps most fascinating—and admittedly most speculative—is one last issue: what does life-space interview suggest for a *fact and theory* base in social work? Right now our field is exhibiting a frantic lionization of the social scientist in the parlor and a frosty tolerance of the backyard romance between the kitchen maid and the local psychoanalyst on the beat. This is symptomatic of our embarrassment over having buried ourselves (and *we* did it!) too deeply in the id. There may well be an equal and opposite danger that we may, via social science, launch ourselves too swiftly into space. In either case, the client is still left in the dark where he started, poor fellow! It seems to me that life-space data suggests that in *ego processes* are wrapped up the vital connections between the person and his “inner” and “outer” worlds. The ego seems to be a continuum with one end buried (but alive and “kicking”!) in the slumbering roots of the person and the other proliferated into a sensitive network involved in sleepless radarlike contact with the world around it. The resultant picture is that of an enormous, multifunctional plasticity about which we still know pitifully little. This is where we have found—in the “life-space circuit”—our most fascinating clinical challenge. Obviously, we have had to become involved most elaborately with special features—social and nonsocial—of the environmental terrain. However, *the ego is not its environment*, not even that part

that becomes specialized for the task of dealing with it. It is always “attached” to the person who “carries” it—even when its “radar” is madly clicking in space with varying, and variable, influences from without.

In our “knowledge rush” toward social science, are we remembering that ego function is a *personal* function? The gap between the data of social science and individual psychology is by no means closed and it is treacherously possible to intermingle carelessly perceptions arising from these two discrete modes of observation and description. The view, for example, that the proper goal of social work is the “enhancement of social functioning” already seems to carry an imagery leaning toward peace with the offerings (and critiques of social work!) of social science. The auxiliary concepts that are lined up with this goal-concept: *role, interaction, environment*, also speak out for this orientation. What is the view of the person that is coming out of this? It is a view of man as *social-man* as opposed to *id-man*. Ego psychology will not, in a manner of speaking, “have” this. The ego—as a function of mind—is no more “loyal” to social-man than it is to id-man. In short, the type of involvement that social work is developing with social science may leave us—as did our handling of psychoanalysis—with a *half-man*. It portends a violation of the concept of the *total person*. If, as seems to be the case, a smooth conceptual model for the determinants of the total person are not yet deducible from social science and individual psychology, this is our proper cross to bear and, operationally speaking, our practical functioning in relation to the client world must reflect, clumsy though it may seem, a tortuous fidelity to two oracles instead of one.



BY ELLIOT STUDT

## *Worker-Client Authority Relationships in Social Work*

A FRAMEWORK FOR study of the social worker's authority toward the client was not necessary when the profession was saying that casework could not be "done" from an authority position. Nor was it pressing so long as authority was considered to be a factor in only one kind of service, i.e., corrections, or in only a few special situations, the "authoritative settings." But recently the profession has been noting that all social workers use authority in some way or other. The public welfare worker acts with authority when he determines eligibility; the group worker uses authority in refusing to permit certain behavior in the clubroom; the child welfare worker is authoritative in selecting a foster home; the school social worker represents the authority of the state in insisting with child and family that he must attend school; the therapist in the clinic exercises authority in setting the conditions for treatment. While we recognize that there is a commonness in all these actions, we are not sure it is in reality the same thing for a family worker to say to a voluntary client, "This is the way we will work together," as it is for a probation officer to say to an offender, "There are certain things you cannot do. If you do them we will have to report back to the court." If it is true that authority appears in all helping relationships, then we should agree about what authority is. We need also to understand its dynamics in action and how its exercise varies from setting to setting.

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### STRUCTURE WITHIN WHICH AUTHORITY OCCURS

In all the examples of authority actions by social workers toward clients listed in the preceding paragraph, the social worker is engaged in defining certain aspects of the client role which must be accepted by the client if he is to participate in the service. Our task in this paper is to propose a framework for examination of such actions. First let us look at the nature of authority in general and the social conditions which create authority relationships.

Authority appears as a relationship between persons only in an organization of human beings to accomplish a task. Authority is not the power of a bully to control the actions of a weaker person, since authority is always legitimized power. It is not the influence of one friend over the decisions of another, since authority is a special form of influence occurring only when one person has certain official responsibilities toward the behavior of another. Rather, authority is created when, in order to get the job done properly, a person in one position in an organization is authorized to direct the role activities of a person in another position.

In using this definition of authority we should note that the authority of one person toward another does not extend beyond the responsibilities of the relationship between the two positions. The "directing" referred to should be understood in the sense of "giving direction to." It calls for relatively few authority actions as such and

*Social Work*

## Worker-Client Authority Relationships

depends for effectiveness in large measure on other forms of influence. Most authority actions are simply a matter of making explicit, in a particular behavioral context, the role definitions governing the subordinate position.

The positions to which authority is delegated are links in a hierarchical chain of relationships in task-oriented social organizations. These chains of relationship connect broad social authorization of the task with the activities of the person at the bottom who is doing a primary unit of the task. We can think of the operation of these chains of relationships as the sanctioning process by which authority actions at each intermediate position are directed, limited and made socially responsible.

The sanctioning of authority involves both the delegation of responsibility for certain decisions and actions to each position in the chain and the acceptance of the rightfulness of the authority by the persons toward whom it is exercised. The dynamics of authority actions can only be understood by keeping in mind the essential two-way process of delegation and acceptance by which authority is sanctioned.

The length and complexity of the chain of relationships which implement this sanctioning process vary greatly among human organizations depending on the nature of the social task to be accomplished. Because the family is the basic unit in our society for the socialization of children, there are few formal steps (such as legal marriage) inserted between the community's authorization of parental responsibilities in the basic law and the authority actions of the particular parent. On the other hand, when the political unit has taken responsibility for meeting economic need, many complex links appear in the sanctioning system by which the authorization of federal funds for public assistance is translated into action toward an individual applicant in the local welfare office. Still another form of sanctioning organization is observed in pro-

visions for medical services in our society, with two sanctioning systems—the professional and the legal—operating jointly to authorize an individual doctor to practice medicine.

When one examines the positions to be filled in a given sanctioning system, one observes that all of them are assigned certain responsibilities in relation to the total task. Certain of these positions are filled by persons who contribute to the task by influencing the activities of others. Persons in the positions at the bottom of the chain of sanctioning relationships do not discharge their responsibilities through other people but are assigned units of the basic task in relation to which they make decisions and take action. It is at this final level that the basic task of the organization is achieved.<sup>1</sup>

In a factory this final unit of responsibility consists of the materials and tools which the individual manages in order to produce his share of the product. In such an organization all the personnel required to achieve the task are employed and the organization owns the product of their work. There is, however, a different pattern of relationships in those change-producing social organizations which are responsible for developing, educating, socializing, and helping people. The product of these organizations is a kind of human functioning whose benefits accrue to the people involved and to the community at large. The basic work of such tasks is not done by those who are employed by the organization but by those who are being helped or educated. Thus the child in school is the one who does the learning which is the goal of the educational institution, while the teacher contributes to this task by guiding the child in his role as student. Similarly in the so-

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<sup>1</sup> I am indebted to Elliot Jacques, *The Changing Culture of the Factory* (New York: The Dryden Press, Inc., 1952), pp. 249-297, for several concepts in this analysis of authority actions.

cial agencies, it is not the social worker who does the basic task for which the organization is created. It is the client who gets well, achieves rehabilitation, maximizes his functioning, and makes constructive use of resources or the goal of the service is not achieved. This fact points to a significant characteristic of the social agency as a change-producing organization. For such organizations the basic task is achieved through the operation of persons in a role group who are never employed by the agency but who become members of the organization for shorter or longer periods of time in order to benefit from participation in the agency's task. Each client has a position in the organization during his period of need. This position passes through phases from intake to termination as the client moves toward the goal of more independent functioning. Thus the client of a social agency temporarily becomes a functioning member of the social organization and, while he is a client, is subject to its sanctioning system and participates in its authority relationships. To the social worker is delegated the authority to direct the client's role behavior through its various phases so that the goal for which he and the organization came together can be achieved.

### DYNAMICS OF AUTHORITY ACTIONS

If such a definition of authority is to be useful in understanding authority relationships in social work, we should be able to observe the central concepts of the definition in reality situations. According to our definition any given authority event would reveal a social organization, two related positions, and two persons in the positions which are interacting to produce a particular outcome. Let us look at a simple authority action to see if our conceptual formulation is adequate and illuminating in the effort to understand practical reality.

The authority event used below as an example is not a social worker-client au-

thority action, but is drawn from a change-producing organization. It has more than one kind of usefulness for our purposes: it is somewhat more simple than a social worker-client action; and since it is based in an institution it is easier to perceive the client as "a member of the organization." Furthermore, since this is a strict authority situation, it is useful for examining the question of latitude for choice among actions as the authority structure becomes more specific in its definition. As we analyze this action, we should take care to be sure that social organization, two positions, and two persons can actually be observed interacting. If they are all here, then we will have to take each of these concepts into account in any further analysis.

The scene is a young men's reformatory and the action takes place in a mess hall, where the men are lining up with trays along a counter. As reported to the interviewer by one of the inmates, the action went this way: "I nearly got a discipline charge last week. I felt I was going to blow up. I had to take it out on something and I didn't want to get into a fight. I tried to steal an extra piece of cake as I went through the line. Luckily the officer who saw me knew me. He told me to put it back and passed it off as a joke."

Let us look first at the authorizing social organization and the particular authority position. This is a reformatory with a treatment orientation. In the generalized groups occupied by persons in this institution we note that two reciprocal roles have been established—that of officer and that of inmate—each with rather clearly outlined rights, duties, and obligations toward the other. The particular position which we are noting—in which any of a number of officers might have been stationed—is that of a mess hall supervisor with general responsibility for assuring a fair distribution of food to all inmates. Some of the means by which the responsibility of this position is to be discharged have been specified, while others are permitted and

## *Worker-Client Authority Relationships*

still others are proscribed. Thus the mess hall supervisor may give a discipline charge to a rule violator but he is forbidden to hit him. In the verbal realm he has wide latitude for possible action all the way from a stern rebuke to letting the incident go without comment. The general expectations of the sanctioning social organization as to what is acceptable performance in this position clearly affects the outcome of this authority action. For instance, the outcome would have been different if administration required that a discipline charge be written for every such rule violation; or if the officer perceived administration as rewarding officers who sent in many such charges; and still different if inmate and officer had learned from experience that administration did not back up its officers when such charges were written.

Even in this quite strictly defined authority position we note the decisions which were made by the particular officer who took part in the action, and how much he contributed to the final outcome. The officer might have chosen to discharge his responsibility by giving a provocatively hostile rebuke which could have triggered off the explosion which the inmate was trying to control. If, on the other hand, the officer had chosen to let the incident go by without comment he might unwittingly have confirmed in the inmate a pattern of using this means for the outlet of aggression. What the officer did choose to do was bring the violation to the inmate's attention in a pleasant fashion. The action he chose limited the area in which the young man could discharge his explosive feelings, both by making it impossible to steal cake and by refusing to let this incident become a focus for all the inmate's wrath against authority.

The position in which the inmate was operating is more complicated and difficult to describe. In the first place, the organization has defined for him a generalized role—that of inmate—which is pervasive throughout the activities of his life in the

institution. The expectations of the inmate role emphasize conforming behavior toward a number of persons, each of whom is in a somewhat different supervisory position over him. At the same time, by reason of his role, he is also a member of an inmate population. The culture of this population brings pressure to bear on him for conforming to values which are contrary to the expectations of the organization. When the inmate gets caught in the group in an effort to defeat institutional rules, the incident is crucial for his relationship with the organization and with his peers and is particularly difficult for him when the officer acts in a contemptuous or essentially debasing fashion. Thus the role of inmate is an inherently conflictual one and behavior in any given episode will be affected by the interplay of antagonistic expectations.

Finally, the outcome of this particular authority action was also affected by the person in the inmate role. He was a person who was chronically sensitive to authority actions and particularly so at this moment. However, in spite of his sense of imminent explosion from within, he was able to accept the action of the officer and be influenced by it, perhaps because of some sense that the officer viewed him as an individual. Another person in his state of mind might by his general attitude have so affected the officer's behavior that there would have been the kind of rebuke which triggers explosive action.

It is evident from this example that we will need to examine the social organization in which the authority action occurs, the two positions which are related by authority, and the two persons in these positions in order to understand what goes on in any given authority event. Let us see what we know in general about these components of an authority relationship in social work. In this examination we should be ready for the possible emergence of another essential concept, since social work operation is more complex than the example we have just analyzed.



## AUTHORITY IN SOCIAL WORK

### 1. *The organization of the service agency.*

The organization of any agency reflects the social task for which it is responsible. The task of the service agency employing social workers is that of meeting crucial needs in the lives of individual human beings, needs which are of high enough incidence in a given society to require organization to meet them. This is a task area of marked social and personal sensitivity. It impinges deeply on the values which govern the interrelationships of people—affecting homes, happiness, welfare and integrity. Since persons in serious need are also sometimes socially dangerous, protection of the community as well as of the individual sometimes becomes an explicit part of the task. Furthermore, the magnitude of the task, when many individuals in a society experience needs that can only be met through social organization, calls for extensive mobilization of financial resources and professional personnel.

Given a social task which includes meeting widely experienced individual needs, protecting the community, and supporting values, we can expect to find in the social services a complex organization involving a number of sanctioning systems. Each of these systems is required to provide certain resources in money or skills and to implement the support of certain values. At least three sanctioning systems operate simultaneously in the organization of the social services: the legal which establishes the basic structure of services and rights; the administrative which is responsible for getting the job done; and the professional which is concerned with competence and values. Some services are also responsible to a fourth sanctioning system, the religious, by which certain additional values are protected. Each of these systems has its characteristic decision-making patterns, governing values and reference groups. All of them affect the design of the social worker's authority position, and set up certain expectations about performance in it.

These sanctioning systems are organiza-

tionally related to each other in different ways in different service agencies, depending on the particular social need to be met by the agency. For instance, a private family agency with its voluntary case load is governed, relatively remotely, by the legal system through a legislative act authorizing incorporation for certain purposes. In this sort of agency the professional and administrative systems have tended to become identical so there is minimal complication and little cross-checking by various sanctioning systems. Compare this with the field of mental health where the case load includes a wide range of voluntary and involuntary clients. In this field several professions together take responsibility for the service with ultimate authority in both the administrative and professional systems lodged in the medical profession. Also in this field the legal sanctioning system is more active, licensing medical practitioners, establishing certain public services, and making decisions about those clients who must be hospitalized involuntarily. Then compare either of these fields with that of corrections where all clients have demonstrated some potentiality for danger to society. In this field, the legal sanctioning system makes decisions about every client; all the professions (each of which is sanctioned by its characteristic system) are involved in service; and administrative processes have certain responsibilities such as custody which, though often organizationally separated from treatment, affect the professional processes.

One way of understanding differences among fields of social service is to observe the interrelations of sanctioning systems which are deemed necessary to authorize the activities of each service. It seems evident that the greater the authority of the agency to act in relation to involuntary clients, and the more serious the potential danger to society from client behavior, the more complex is the organization of the sanctioning systems required to provide the necessary resources and to protect the values affected by the service.



## *Worker-Client Authority Relationships*

An important result of the fact that there are several sanctioning systems in social work organization is the emergence of the decision-making team as a significant step in the exercise of social work authority. This is the additional concept which we anticipated. Most social services are provided through the joint operation of a number of personnel each of whom may represent a different sanctioning system. These personnel may be stationed in the same agency with the worker; or may represent other agencies necessary to the service required by the particular case. Each member of this decision-making team (of which the clinical team is only one example) has a differently defined responsibility, yet the areas of responsibility overlap; and the service which ultimately gets to the client in the one-to-one or one-to-group relationship is affected by the shared decision-making of this team. The way the social worker's role is defined within this team affects the nature of the decisions which will be reached in its deliberations; and these decisions limit and direct the social worker's exercise of authority in decision-making with the client. The more complex the organization of sanctioning systems necessary for giving the particular service, the more complex will be the authority relationships in the team, and the more probable that difficulties at this point will have an unfortunate effect on the worker's use of authority with the client.

### *2. The clients and positions for the client.*

The social worker's authority position is an individualizing link between the social resources provided by the organization and the client with his needs. Therefore, it would be useful at this point to modify the order of our outline and examine the necessities of the client's position as he enters into membership in the service organization before we look at the authority position of the social worker.

One of the significant characteristics of the client group is its vulnerability to the exercise of authority. Individuals would not be clients if they were not at least tem-

porarily handicapped in taking responsibility for some aspect of their personal lives.<sup>2</sup> In such situations they are particularly dependent on the authority person who can link them to the social and psychological resources which are necessary to repair damage and to reinstate their ability to manage for themselves. They are impelled to seek help because of internal or external difficulties which matter to them, and the resources to which they can turn are usually limited. In this perspective social work tends to deal with a "captive case load," and the opportunities for well-intentioned misuse of this power position are numerous.

In a democratic society we can expect to find certain important safeguards built into the processes which authorize intervention by authority persons in such vulnerable lives. Some of these are built into the definition of the client position. The stipulation that the request for help shall be voluntary is one of these. The professional emphasis on the client's right to self-determination within the limits of reality is another. In certain services we find legal protections for the rights of clients such as provisions that financial assistance shall be granted when eligibility is demonstrated, and procedures for appeal from disadvantageous decisions. Social concern that the persons in authority toward needy people shall have been tested and tried through an educational process which insures their trustworthiness for this responsibility also stems from recognition of the vulnerability of persons in the client role. Another characteristic of the group of persons who appear in the client role is the very wide variation among clients in ability to take responsibility for themselves. Some have the strengths necessary for self-management in all essential areas. Some are limited in

<sup>2</sup> This formulation does not sufficiently take into account the nature of need brought by members of many groups served by group workers. This whole statement is in process of formulation and presents a number of theoretical problems requiring further testing against the realities of various kinds of social work practice.

their ability for independent management in only one area. There are others, however, who are not only seriously limited in ability to take responsibility for themselves but are also socially dangerous and unwilling to seek help in modifying their situations. Some, found particularly in correctional case loads, are supported by their group relationships in a strong antagonism to any intervention which would modify their social functioning.

As a result of these facts about persons in client positions one would expect to find in the social services a graded series of definitions of the client role which reflect the different abilities of individuals to take responsibility for themselves. At one end of the range the client position is designed to allow for self-determination in all areas of personal functioning. Such positions are usually found in private family agencies and in outpatient psychiatric clinics. There are intermediate positions in which the role definition of client calls for submitting one or more aspects of personal functioning to shared decision-making with the worker, such as the economic area in public assistance, parent-child communication in foster home care, and the management of illness in the medical services. At the other end of the range would be positions for clients who enter the role involuntarily and are assigned to work with authority persons in relation to extended areas of personal functioning. Such positions are found in agencies dealing with parental neglect, in many institutions, and in correctional services. All social agency case loads fit within this continuum, with variously designed positions for clients which reflect the nature of the need, the ability of the client to take responsibility for his own life, and the potential danger to society in his behavior.

Finally, client motivation to accept and use authority constructively in the accomplishment of life tasks varies over a wide range. Our concern as a profession that the request for help be voluntary stems in part from the fact that such a request is an explicit sanction from the client for the

worker's use of authority. Yet there are many client situations where the combined needs of the individual and his community require social work services even when the client is not able or willing to make a verbal request for help. We have seen that authority does not become effective except as the person toward whom it is exercised sanctions its use and acts in accord with the intention of the authority person. The profession must therefore be concerned with the possibility of motivating involuntary clients to make constructive use of authority relationship; and with the skills by which this is accomplished. In accepting such a responsibility we will continue to give attention to the safeguards which prevent the use of extended authority except as individual and social need warrant such intervention and the proper authorization has been made.

### 3. *The social worker's authority position and the persons in it.*

We have said that authority appears as an aspect of human relationships in social organizations where a person in one position is responsible for directing the role performance of a person in another position. Under this definition the social worker's position carries authority for directing the client's use of his position in the organization toward the achievement of the goals for which client and service come together. The authority allocated to the worker's position will be restricted or extended depending on the kind of responsibility assumed by his agency for the personal functioning of the client. At the same time the social worker's authority will be delimited by the operation of the decision-making team with which he shares responsibility for the service. Thus in one sense the worker's position seems to be that of a middle man in the authority system. He brings information to the decision-making team, participates in its deliberations, and administers decisions made at this organizational level. In work with the client he encourages the client in making his own decisions.

## Worker-Client Authority Relationships

It is important, however, not to ignore the decisions which the social worker makes independently as he chooses among the alternative behaviors possible to him. There is in fact an extremely wide latitude of decision-making which is necessarily left in the hands of the social worker as he deals with clients, whether he is determining the number and frequency of interviews, establishing eligibility, selecting a foster home, or evaluating a violation of probation. No matter how stringent and detailed the authority structure within which the worker operates, his primary assignment is to individualize the provisions by which the social service is given. In the most strict authority structure, therefore, he has authority to select among the available alternatives in terms of the individual with whom he is working. Such decisions are often made at the moment of action and are based on information to which only he has access. In this activity the worker has at his disposal a wide range of means by which one person may influence another; in addition, what he does with the client is relatively unobserved.<sup>3</sup> In the light of these facts about his function, the authority position of the social worker is necessarily designed to allow for flexible exercise of extensive power to influence others while insuring responsible action governed by the purposes of the service and the needs of the clients.

One of the attributes of the person in authority which significantly affects the outcome of authority actions is the way he feels about his position. Elliot Jacques has pointed out that the person in the authority position also sanctions his exercise of authority when he is clear about what is required of him, competent to undertake the task, and able to resolve the ambivalences which are stimulated by the exercise of authority.<sup>4</sup> When the person in authority is uneasy about his assignment, he tends

to take refuge in abdication from or over-assertion of the authority for which he is legitimately responsible. Either of these adjustments interferes with his effectiveness in the total task. Since the social work profession has in general been uncertain about the place of authority in the dynamics of helping, it can be expected that many practitioners experience uneasiness in social work positions which call for an extended use of authority.<sup>5</sup>

It is clear that positions in which this amount of power to influence the lives of others is sanctioned should be filled with persons who can make these decisions competently and in the interest of the client. Such positions call for mature, disciplined workers who are capable of relatively independent functioning. They need the realistic knowledge of life and the personal strength necessary to make decisions, to exercise authority responsibly, and to stand as toughly flexible members of the decision-making team. They also need educational preparation for analyzing and understanding the dynamics of authority in the total social work task.

Thus it would seem that authority relationships between social workers and clients are determined by the following facts:

- Social workers and clients come together in a complex *organizational setting* in which a number of sanctioning systems combine to define the task and determine the allocation of authority.

- Social workers act as members of *decision-making teams* whose decisions both limit and direct the social worker's exercise of authority with the client.

- The *authority positions* in which social workers are placed require ability to share decisions at the team level; independent functioning at the level of primary responsibility; and ability to free the client for

<sup>3</sup> Lloyd E. Ohlin, "Conformity in American Society Today," *Social Work*, Vol. 3, No. 2 (April 1958), pp. 60-61.

<sup>4</sup> Jacques, *op. cit.*, pp. 275-291.

<sup>5</sup> Lloyd E. Ohlin, Herman Piven, and Donell M. Pappenfort, "Major Dilemmas of the Social Worker in Probation and Parole," in Herman D. Stein and Richard A. Cloward, eds., *Social Perspectives on Behavior* (Glencoe, Ill.: The Free Press, 1958), pp. 251-262.

self-determination to the extent of his ability within the definition of his position.

- The *positions for clients* are variously designed within the different social services, depending on variations among groups of clients in ability to use help responsibly. The authority of the worker is restricted or extended depending on the extent to which the personal life of the client is drawn within the definition of his position as client in that particular service.

- The *persons in the client positions* vary extensively in their ability to use authority constructively. Since effective exercise of authority depends on its sanction and use by the person in the subordinate position, social workers are often faced with the necessity of helping individual clients relate positively to the authority which directs their role performance in the service.

- The social worker as the *person in the authority position* needs to be clear as to the nature of the authority which is delegated to him, flexible in authority relations at the different levels of decision-making, and skillful in handling destructive responses to authority from the client.

## TOWARD A GENERIC APPROACH TO AUTHORITY IN SOCIAL WORK

It would be useful to test this general description of authority relationships between social workers and clients in a number of different ways. On the one hand, it would be theoretically valuable to examine a number of different samples of social work practice to see how differences in social organization, in the design of worker and client positions, and in the persons who fill these positions are reflected in differences in the exercise of authority. What, for instance, are the professional problems and skills in the use of authority by the group worker, the public assistance worker, the caseworker in the child guidance clinic, the institutional caseworker, and the probation officer? What is the base which is common to all? What are the different

emphases which flow from different structural provisions and orientations?

On the other hand, this outline could be useful in locating the source of problems in authority relations appearing in a particular service. Are the expectations of the organization clear or conflicting? Does the decision-making team operate effectively? Is the worker sure of the nature of his authority? What of the client position—does it harbor unsuspected conflicts? What steps are taken to motivate clients to participate usefully in authority relationships?

Of the many questions which require further exploration, three occur to the writer as particularly significant for problems of practice.

### 1. Authority relationship and action.

Professional use of an authority relationship for helping requires a careful distinction between authority relationship and authority action.<sup>6</sup> Not all actions of an authority person toward the person in the subordinate role are authority actions. The person in any authority position also uses many other means of influence, such as counsel, exploration of possibilities, supportive understanding, and training in skills. However, there tends to be a halo effect from an authority relationship which can lead the subordinate to perceive all actions of the authority person as authority actions.

We have long known that professional control of the helping process can be achieved through awareness of the psychological and social forces which enter into the helping relationship. If authority is a real factor in social work-client relationships, lack of attention to its operation could well result in a more diffuse and rigidly determining authority influence than is warranted by the facts or desirable for the client's freedom to act in his own behalf. It seems probable that clarification by the worker for himself and with the client as to the authority which is actually delegated to the worker's position can help

<sup>6</sup> Herbert A. Simon, *Administrative Behavior* (New York: The Macmillan Co., 1957), pp. 125-128.



## *Worker-Client Authority Relationships*

to reduce the halo effect and limit the inappropriate or unaware use of authority by both worker and client.

Although increased awareness of the dynamics of authority in relationships can help to reduce undesirable effects of authority actions on helping, we still need more exploration about what happens to the helping relationship as the worker's responsibility for authority actions increases. As a profession we have been fearful that each increment of authority reduces the ability of the client to use the relationship for help. On the other hand, social workers in a number of services have reported that appropriate authority actions actually enhance the ability of the client to take responsibility for himself. It may well be that one of the major skills in the use of authority in helping involves the gradual substitution of other means of influence for the authority actions which are necessary in the initial phase of the relationship. Only further study of actual authority actions in the context of the helping relationships can resolve these questions.

### *2. Design of worker-client positions.*

It is evident that these two positions are reciprocal in that a change in one implies a change in the other; therefore it is useful to consider them together as a certain kind of role relationship. Up to this point in social work theory we have tended to use a "best" or "preferred" model for the professional worker-client relationship. This role model has been primarily drawn from experience in those services where the client makes a voluntary request for help and retains responsibility for all his life decisions. The authority of the worker in this model tends to be limited to the decisions which he makes in managing the helping process.

As we have given increased attention to social work positions in which the worker takes more initiative in motivating clients to want help and increased responsibility for decisions in the client's personal life, we have had some uneasiness about whether these positions falsify or debase the ideal role model which we have seen as essential

to professional functioning. The foregoing analysis of authority relationships suggests a theoretical step which can open the way to more flexible examination of various kinds of practice. It may well be that the social worker-client relationship can occur within a variety of role designs which can be subsumed under a more highly generalized model. Within the basic definition of these reciprocal roles would be found a number of somewhat differently designed positions which take into account client need and the resulting distribution of decisions between worker and client.

We noted in our examination of an authority action in an institution that the design of the inmate role produced inherent but often unobserved strains in the inmate's relationship with authority, and that these strains could seriously interfere with the inmate's ability to work constructively with the authority person. It may well be that the prevailing role design for social worker-client relationships actually poses inherent and insuperable conflicts for individuals in certain social groups who need and could otherwise use our services.<sup>7</sup> If this is so it may be due to the fact that our current generalized role model includes decision-making patterns appropriate to certain social work positions but not to others, and that we need to formulate our ideal model at a higher level of generalization. This would open the way for professional experimentation with role design where need is evident.

We have already made a number of steps in the direction of this kind of a formulation. The profession made a significant adjustment to client perception of the client position when fee service was provided in private agencies in order to make it possible for persons from higher income groups to use our services. And some of the techniques in use with hard-to-reach families

<sup>7</sup> See August B. Hollingshead and Fredrick C. Redlich, *Social Class and Mental Illness* (New York: John Wiley & Sons, Inc., 1958), pp. 130-135, for a description of characteristic expectations of such groups.

and groups represent efforts to design the details of the client position so that persons with lower-class cultural patterns can participate in the social task for which the agency is organized. Empirical evidence would suggest that two areas of social work practice which call for re-examination of role design are found in corrections and institutional work.

### 3. *The decision-making team in the social services.*

Our analysis suggests still a third area which invites exploration. We have noted that the authority relationship between the worker and his client is affected by the operation of the decision-making team which is active in relation to a given case. Who makes what decisions and how decisions are shared among the representatives of the different sanctioning systems set a determining framework for the ultimate decision process as it occurs between the worker and the client.

Examples of how these differently constituted teams affect the exercise of authority by the worker were elaborated in a seminar of thirty persons who represented several different fields of social service. According to those present in this seminar, a serious authority problem in public welfare occurs in relating the decisions of different categorical aids to the service needs of a particular client. For mental hygiene services, on the other hand, authority problems appeared particularly crucial in the relationships among the different professions. In child welfare, authority problems were identified at the point of integrating services from public and private agencies or from legal and service agencies for the same client. In corrections, a special problem appeared when the social worker shared responsibility for decisions with police and judges.

In each of these fields of service, problems in making constructive use of authority with the client seemed to be exacerbated by unresolved authority problems at the level of the team which is responsible for

service decisions. As the examples given above were reported, it was evident that these problems were not simply matters of poor relationships among persons but were rooted deeply in communication and action difficulties deriving from the fact that each team member was responsible to a different sanctioning system with its own definition of values, goals, and appropriate methods of action. Such problems are inherent in complex decision-making. They are of such importance to effective service that they indicate the need for careful professional attention to the various patterns by which different service teams make shared decision-making effective in service to the client.

### SUMMARY

At the present level of development in social work theory it is no longer intellectually defensible to analyze the dynamics of authority for one field of service alone. A finding in one field that authority relationships are important in determining the nature of service leads us inevitably to ask: Does authority enter into all social worker-client relationships and, if so, in what ways? Since authority arises from the structural arrangements by which people are organized to do a job, it is probable that we will discover a range of patterns for authority relationships in the variously organized fields of service in which social workers are employed. A theoretical formulation about authority for the profession should include the concepts and principles which are common to use of authority by social workers wherever they work as well as the variables which determine differential adaptation of the generic theory within various fields of service. It is suggested that one way of making progress toward understanding authority as a dynamic in professional social work practice is to examine various kinds of social work practice in the framework of this analysis with special attention to problem areas.

*Social Work*

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BY ALVIN L. SCHORR

## *The Retreat to the Technician*

DR. HARRY A. OVERSTREET recently remarked after addressing a family agency that he had enjoyed himself because it was evident that this was "a committed group." This was high praise, indeed, for the cult of the technician is spreading in our field. If agency memberships follow their professionals' lead, committed groups are going to be rare. By the cult of the technician, I refer to those professionals who really feel alienated from the broad purposes of social work—to help reconcile men to their society and their society to men—and who practice a technique like casework or even community organization for its own purposes alone. It has been observed that our total society is becoming one of technicians. Social work has not escaped this development; it underlies the movement away from social reform about which we have been so concerned. We do resist this development into a profession of technicians, but it needs to be noted that technicianship has a well-developed and, for some, conclusive rationale.

The cult of the technician takes three major forms—the Practitioner-Technician, the Enabler-Technician, and the Other-Directed Technician.

### **PRACTITIONER-TECHNICIAN**

The Practitioner-Technician is best known and has been considerably maligned of

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late. This is the caseworker, for example, who does a fine job of casework, but who is not generally concerned about improving social conditions. He may not really believe, so individual has his orientation become, that change in social conditions is likely to affect his particular clients. Or he may have conviction about his profession's reform goals but selects, as his preference, to labor in the technical areas. He points out that Mary Richmond and Harry Hopkins, whose names are invoked lately more to chide than to congratulate ourselves, must have had practitioners doing the daily work and passing on the stories who never wrote a pamphlet or faced a legislature. The inability of casework or group work technicians to meet existing demands for their services seems in itself to demonstrate that they are right to immerse themselves in technical services.

I exclude from the class of the Practitioner-Technician those who themselves practice technically but who support their agency (or professional association or school) in assuming an activist posture and social obligation. On the other hand, the class includes those administrators whose vision is limited to the daily job of the practitioners. While the technical proficiency of our profession has needed to grow as it has, and while its deepening in fact expands our vision for social reform, the concern which has been expressed for the last several years centers on how many technicians we have and on how increasingly few interest themselves in or support social reform. The effect is to remove numbers of social agencies, and eventually perhaps the profession, from the arena of social conflict. From a slightly different perspective than that of the Practitioner-Technician, the inability of technicians to

meet the demands for their services demonstrates that a profession is still needed which will struggle with root causes.

### ENABLER-TECHNICIAN

The Enabler-Technician is found in the ranks of administration and community organization. His relationship to his group or community is analogous to the relationship of caseworker to client. He argues that he cannot establish goals for a community—these can only come from the citizens. He can bring people together to establish goals; once there is agreement on these, he can provide techniques which may accomplish them.<sup>1</sup> He points out that many disciplines engage in community organization—what is peculiar to social work in community organization is its acceptance of a disciplined process. Certainly two aspects of this discipline are the acceptance of the community where it is and the democratic process in arriving at decisions.

The analogy of individual client to community has been widely used, but usually it has not been carried far enough. For the caseworker is committed to health and reality for his client, as clients usually find in the course of treatment. In any event, the analogy masks a crucial difference, namely, that the client, though he is in conflict, is integral, but the community, which at many points is also in conflict, is multiple. The caseworker is not a real element in his client's conflict except as he becomes so during the therapeutic relationship. But social work is a force in many of the points at issue in a community. Whether it chooses to become so at a point of crisis or not, *social work is the institutionalization of a particular set of beliefs*. Thus, the Enabler-Practitioner's reasoning

is valid to the extent that it recognizes that a social worker cannot impose goals on a community, however desirable. It is invalid, I submit, to the extent that it removes from the process of community organization or social work administration one of the dynamics, the commitment of the social worker and the social work profession. This element is not the only element in the picture or even the most important one, but it is an element which belongs and which lay people usually think they are introducing when they hire a social worker. The frustrated lay plea, "You know about this—tell us where to start" is not just material for clinical analysis. It contains the essential truth that a professional social worker is or ought to be more deeply committed and does have special knowledge. At the end of the Enabler-Technician path lies loyalty to technique rather than to professional goals, so that without difficulty one visualizes the possibility of social work technicians, *calling themselves social workers*, in the employ of advertising agencies and public relations firms.

To illustrate, Florence Sytz<sup>2</sup> has described the dilemma of the social worker facing desegregation in one of the "massive resistance" states. The courses open are retreat, some variety of middle course, and martyrdom. This is surely one of the most difficult problems individual social workers face today, but Miss Sytz's description of her middle course does not in any aspect omit a commitment to aid in ending segregation. It is a middle course because of its selection of timing and strategy. The technician's course, however, would be retreat, taking the position that the problem is not his, that his skills are at the disposal of the community when it wants to desegregate, but that the community would have to say whether and when.

<sup>1</sup> For a persuasive statement of this point of view, see Bertram M. Beck, "Today's Issues in Community Organization," an address at an institute in memory of Helen Elsa Hayden sponsored by the St. Louis Chapter, National Association of Social Workers (St. Louis: George Warren Brown School of Social Work, Washington University, 1957), 19 pp.

<sup>2</sup> "Desegregation: One View from the Deep South," *Social Work*, Vol. 2, No. 3 (July 1957), pp. 3-8.



## *Retreat to the Technician*

### **OTHER-DIRECTED TECHNICIAN**

The Other-Directed Technician also practices in administration and community organization. His key characteristic is that, while his premises may be unexceptionable, in conclusion he devalues or excludes professional social work. In one form, like the Enabler, he stands on the basic responsibility of the community to set its goals. His focus is on achieving broad citizen involvement and, ultimately, agreement. In the view of the Other-Directed Technician, one guarantor of broad citizen participation is the absence of professional social work participation.<sup>3</sup> (The Enabler will not himself give direction to a group but he may not object to the participation of other social workers, either representing their agencies or as private citizens. The Other-Directed Technician *will* object and thus he operates to limit social workers not only as professionals but as private citizens.)

The rationale for this position is fundamentally a reaction to situations in which social workers have controlled planning councils or other groups, by plan, by being inept, or because citizen interest could not be stimulated. Whatever the reason, group decisions were not really representative of the community; lay citizens who tried to participate became discouraged; and such agreements as were reached could not be implemented. The argument, then, is that lay people must decide for themselves and can be trusted to decide for themselves. When social workers participate, they tend to take over or to inhibit thorough lay discussion.

There is a core of truth here, too, which is that programs and agencies belong to the community. They must in the end have the community's support; the best means of ensuring this is to know that they have

<sup>3</sup> Social workers remain as staff, of course, and may be used as consultants. If the staff see themselves as technicians, however, and if the consultants are called in for "technical consultation," the social work commitment still does not enter into the goal-setting process.

its support in the beginning. But this need not lead us to excluding social work participation. I assume that hospitals and legislatures must rest on a wide community base. Doctors and lawyers have not found it necessary to ensure this by excluding themselves from the management of hospitals and influencing of legislation. I believe that the core of the question is whether we see social welfare as a partnership of lay people and professionals, as we sometimes say. If it is, then the community may in the end make the decisions—it will in the end anyway, but the professionals have a larger role than providing know-how. There are, in fact, national and local boards, committees, and memberships which bring together professionals and volunteers without having decisions dictated or discussion inhibited. Whether there can be a partnership rests on the genuine commitment of both partners and the skill of their staff, rather than on banishment.

In one variation, the Other-Directed Technician dismisses groups of lay people along with professional social workers, concentrating attention on members of the power structure in the community. While on the face of it, this seems quite different from an emphasis on ensuring broad citizen participation, the fundamental similarity lies in restricting the choice of goals to other than social workers or, in this case, those who may seem powerless as social workers. This variation is a less defensible one, for the argument now switches from ensuring democracy to achieving results. The crucial question of who, beyond a small and possibly self-interested group, has decided that the results are desirable becomes obscured.

### **SEPARATING TECHNIQUES FROM GOALS**

Social workers differ in the degree of thoughtfulness and conscious choice which has brought them to these points of view. Further, one Practitioner-Technician may *feel* a sense of retreat, of wishing to be let alone to do what he knows, whereas an

Enabler-Technician may stand on his position because he believes that in the long run more social progress will result. The technicians have in common, however, a separation of technique from goals, with technique assuming or beginning to assume primacy. Unfortunately, I think that the answer to this trend is not as simple as running up the banner to the masthead again.

It is now almost a decade since C. Wright Mills<sup>4</sup> and David Riesman,<sup>5</sup> from somewhat different approaches, described the growing bureaucratization of our businesses and organizations and the people who work for them. For what comfort this may be, the social worker who discharges his allotted function, not seeking to act or think beyond it—or seeking and becoming frustrated—only shares the experience of other professionals and employees. Apparently, we are much more dependent on one another's approval than our parents were; consequently we feel more uneasy but less indignant. Business relationships rest more on mutual manipulation than on authority, so that issues are not clearly posed and the consequences of objection are hidden but ever present. Access by an employee to policy-making is through more complex channels than once it was, and the attempt to move through these channels may not be encouraged. The technician's job carries status (for it is very near to science) and it is safe (for who will quarrel with it?), but the free-wheeler (entrepreneur) forsakes status and safety at once. Issues today are more complex—they are rarely posed or even translatable as courage and virtue against timidity and greed. In social work, as in foreign aid and education, issues are likely to be quite technical; there may be less argument about ultimate goals than about what degree is economic or strategic today. Students in undergraduate colleges

are less concerned with social conditions than they used to be and more concerned with their personal security. Whatever career choice they make, many are unlikely to find the drive to devote themselves to social issues.<sup>6</sup>

### PROFESSION MUST AGREE ON GOALS

The meaning of these general observations for the profession of social work is readily apparent. Both Harry L. Lurie<sup>7</sup> and Donald S. Howard<sup>8</sup> have pointed out that social work is institutional in nature, that is, highly structured in organization, so that the problem of escaping technicianship—if one sees it as a problem—is more difficult. Not only is the practitioner separated from policy-making, as he is in many of our enterprises today, but an agency's financing and policy-making are quite often separated. Consequently, the social worker may appear in the light of an advocate for his own program rather than a leader for those in need. When social agencies were supported by a handful of philanthropists, the agencies may have been limited by their prejudices, but beyond these prejudices they were free. Now that social agencies are supported by the whole community, they are probably less limited in detail, but are they less free in general? Moreover, it has been observed that the training which social workers now receive in technology may, for some, operate to narrow their vision.<sup>9</sup> And since many social workers

<sup>6</sup> Professor Benjamin E. Youngdahl points out in this context that the motivation of social work students "is as important if not more so than the character of the training."

<sup>7</sup> "The Responsibilities of a Socially Oriented Profession," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954).

<sup>8</sup> "Social Work and Social Reform," *ibid.*

<sup>9</sup> "An emphasis upon the development of a scientific body of knowledge, disciplined and controlled use of relationships, and the need to have a precise and specialized competence is not normally the soil in which concern for social change can grow, unless it is consciously, deliberately, and insistently cultivated. The concern with and necessity for develop-

<sup>4</sup> C. Wright Mills, *White Collar* (New York: Oxford University Press, 1951).

<sup>5</sup> David Riesman, *The Lonely Crowd* (New Haven: Yale University Press, 1950).

## Retreat to the Technician

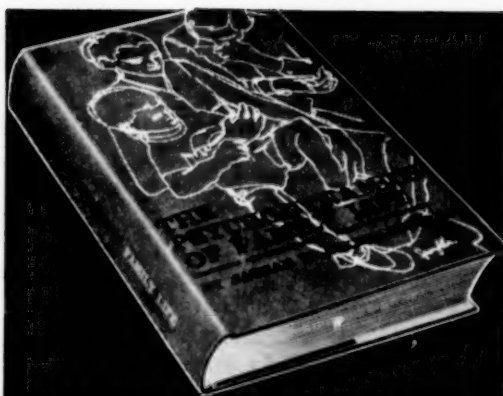
are caught between middle-class values and concern for lower-class clients, the retreat to technicianship may be a welcome escape.<sup>10</sup>

Most of the developments that have been cited are not within the control of social workers at all. If the profession is to continue to have social reform as one of its major goals, it will not in these days happen naturally because of the need of the times, but will have to come from a measure of agreement within the profession to move counter to the mood of the times—and on occasion at some risk. The social reform goal will need to be a significant facet of recruitment literature for students, so that people apply to schools who are, in these terms, suitable. Some costs in public relations of our agencies and in financing will have to be noted, and accepted.

I think of only two points to balance those which seem to move us toward technicianship. One is that technicianship turns out to be uncomfortable for social workers as for others. The typical malaise of the Enabler-Technician, for example, is that he feels in the middle, he is trying to accommodate one group to another, and there is no one who truly shares his predicament. He is likely to wonder what his direction is—naturally. His alternative is the exercise of leadership based on the goals of his profession, but this is not to be reconciled with technicianship. The other point is that we are very far from the millennium and someone must champion the underdog, whatever meaning that has at the spot and moment. I think there is not a more appropriate profession than social work.

ing method and process disposes people to neutralism." See Mitchell I. Ginsberg and Irving Miller, *Group Work Papers 1957* (New York: National Association of Social Workers, 1958), p. 9. I cannot resist quoting from the same paper (p. 8) the comment that, "Perhaps never before has social work's responsibility for social action been talked about so much, by so many, and acted upon by so few."

<sup>10</sup> Norman Polansky, William Bowen, Lucille Gordon, and Conrad Nathan, "Social Workers in Society: Results of a Sampling Study," *Social Work Journal*, Vol. 34, No. 2 (April 1953).



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BY ALICE H. COLLINS AND JAMES R. MACKAY

## *Casework Treatment of Delinquents Who Use the Primary Defense of Denial*

IT IS ACCEPTED today that casework is an essential tool in the treatment of clients in the correctional field and increasingly, caseworkers are finding that practice in this field is rewarding and challenging, calling on the skills they bring from a broad background of training and experience. Conversely, caseworkers with experience in corrections find their understanding of the client who is labeled "delinquent" illuminates their practice in regard to the client who has not been legally delinquent, but whose personality patterns are similar to those seen in the field of corrections.

This paper is based on casework experience with several hundred boys seen at intake, reviewed during their stay at four facilities and seen again at parole and on return for violation of parole. Emerging from this came the belief that there was a group of boys which could be identified, at least in part, by their unwillingness to admit the need for help. Many techniques were tried in an effort to reach these seriously delinquent boys who did not appear to be able to benefit from the program that met the needs of other boys. They were seen as belonging to the group who used the defense of denial in so massive a manner that it appeared to control their entire personality structure.

### FORMS OF DENIAL

In general, such children are felt to be brazen liars when they are interrogated by

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the police or appear in court, and are so seen by the general public when their remarks are publicized. The denial of guilt may range from a flat "I wasn't there. . . . I wasn't driving, I was at home when it happened. . . . I didn't do nothing. . . ." to a denial of responsibility, an admission that the act might have occurred but that he was not a willing participant and therefore, not guilty. "He made me do it. . . . I just seem to pick the wrong kids to hang around with. . . . He said it was his car. . . . How should I know it was stolen? I was drunk. . . ."

Such statements may be what the public believes them to be—lies to avoid punishment—yet to the professional eye and ear there is a difference between them, although it is not an easy difference to delineate. It rests, perhaps, in the voice and expression of the child making the statement in that he does not show the avoidance of glance, change in color, involuntary physical movements of the person suppressing or distorting the truth. He is wide-eyed and inappropriately calm and open in manner. He shows a different picture from the child who is lying because, actually, he is not lying—he is telling the truth as it appears to his conscious mind.

In his thinking, it follows logically that if he did not commit any offense, he needs no help now toward avoiding trouble in the future. Sometimes he makes it clear that he will not accept help because he should not be under the care of the agency in the first place, and, in fact, has no problems but the false ones of which he is accused. The more the offense is discussed

*Social Work*



## Casework Treatment of Delinquents

in an attempt to establish a base for the need for help, the firmer becomes his denial of such need.

The child may use more subtle means to ward off help by agreeing that the offense was serious, that he should not have been involved but that he does not need to discuss it further because the whole experience "has been a lesson to him" and he will never again be guilty. He may use phrases gleaned from previous contacts with social workers and relatives to point out that he recognizes that no one can help him—he must help himself and he intends to do so. There is nothing really wrong with him now, he made a mistake in the past. He knows that and he will make no more in the future. Sometimes he may go on to describe his new-found conscience, his clear understanding of right and wrong, and his appreciation of the offer for help which he has demonstrated he does not need. It is not unusual for such conversations to take place even as the authorities are investigating a repetition of the first offense.

Even if the offense is not discussed by the caseworker and help is offered without reference to the authoritative setting which brings the child to the attention of the worker, the same tactics are met, though perhaps differently used. In the face of the most rejecting and demoralizing home situations that the child knows are known to the caseworker, he may assert that he does not need help from an "outsider" because his parents have been so good to him "they gave me everything" and conditions will be entirely satisfactory to him once he is free of the present restraints. Some of this applies to school where he did well, and to his relationship with his friends, who all liked him. Why, then, should he need the help the caseworker offers?

One other form that denial takes is seen more recently among the older children who are intelligent and who have been seen earlier in childhood by mental health

agencies or have had access to books or television and movies concerning mental illness. Such children may acknowledge the act they have committed as being wrong and ask for a "psychiatrist," pointing out that since they are clearly mentally ill, they are not responsible. If treatment is then attempted in response to the request for help, it rapidly develops that the child wants to be cured from "outside," by a kind of psychological magic while his defense against his real feelings remains intact.

As has been reported by other investigators,<sup>1</sup> these are children who have known early experiences with rejecting, variable parents who have been unable to give them the consistent gratification that would have served to relieve their primary anxiety; at the same time their external environment has been threatening through the actual deprivation of essential physical care. The majority of such children have experienced loss of even such poor parental figures as they had—either through desertion, death or social action—and have experienced such loss more than once.<sup>2</sup>

The unrelieved anxiety so generated would overwhelm the weak ego if it permitted itself to feel it fully so that the ego has resorted to denial in order to defend itself and survive. Such denial may take one of two forms—fantasy and word and act.<sup>3</sup>

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<sup>1</sup> Beatrice R. Simcox and Irving Kaufman, M.D., "Treatment of Character Disorders in Parents of Delinquents," *Social Casework*, Vol. 37, No. 8 (October 1956), pp. 388-395.

—, "Handling of Early Contacts with Parents of Delinquents," *Social Casework*, Vol. 37, No. 9 (November 1956), pp. 443-450.

Also see Fritz Redl and David Wineman, *The Aggressive Child* (Glencoe, Ill.: The Free Press, 1957); August Aichorn, *Wayward Youth* (New York: Meridian Books, 1953).

<sup>2</sup> Irving Kaufman, "Three Basic Sources for Pre-delinquent Character," *The Nervous Child*, Vol. 11, No. 1 (October 1955), pp. 12-15.

<sup>3</sup> Anna Freud, *The Ego and the Mechanisms of Defense* (New York: International Universities Press, 1946), p. 89.

Most children give up this defense as the ego grows more able to cope with the anxiety aroused by internal and external stimuli, but children for whom the rewards of parental love are withheld and for whom the demands of reality are too harsh may cling to this defense or regress to it. The children under discussion here, because of the nature of the internal and external climate in which they grew up, were not able to develop to as high a level of ego functioning as is normal. They have continued to use denial as a defense so that it has become increasingly impregnable as the anxieties of their reality increased with the years.

### METHOD OF TREATMENT

While often the defense has served so well that there appear to be no signs of it, it must be constantly borne in mind that the anxiety is still there. Thus, in treatment, when anxiety is aroused, it is to be expected that the defense of denial will be mobilized, since this is the chief way which the ego has perfected for protecting itself. For casework success, an approach must be made to the problem of lowering anxiety if the defense is to be modified or abandoned for one which does not restrict the personality to a primitive level of development. Such an approach is made when the caseworker, as a result of the diagnostic appraisal, attempts to meet the child in the area that is of the greatest concern to him—in the difficulties he is having in maintaining his homeostasis. If this appears to overemphasize the importance of the defense, it is because this is precisely what the child himself is doing.

The method of treatment described below as having some measure of success with such children consists in the modification of the external reality and the restoration of loss to the point where anxiety is reduced. This is accomplished through the relationship of the child and the caseworker who presents himself as a kind, accepting,

and consistently controlling parent figure. The relationship is dependent on the quality of the reality experience the child is having at the same time. The caseworker must see to it that, simultaneously with the development of the relationship, the reality is manipulated to contribute to the conditions of gratification which are necessary to these children. The duration of the treatment varies with the degree of ego damage but it is rarely accomplished in a short time.

As in every casework situation, a dynamic diagnosis is essential to successful treatment. If interviewing and testing reveal denial to be a major defense, the caseworker must consider in what ways it is used and how far it has restricted the ego, so that he may estimate the anxiety and depression that he knows are present and gauge the likelihood of the modification of such behavior. It must be borne in mind that if the defense of denial in fantasy persists too long, serious mental illness may result.

Whether the caseworker arrives at the diagnosis alone or with the help of other professional disciplines, he must now make a treatment plan that will take into account how best to help the child who refuses to admit his need. Nor is it sufficient to make plans for casework treatment alone. It is also necessary that the reality conditions of his life be made to contribute to his treatment. It is important for the caseworker who sees him in the institutional setting to make sure that the daily program of the child is interesting to him and offers some immediate rewards for good behavior, limitations upon loss of control, and an opportunity to succeed.

As casework proceeds, the worker needs to maintain a warm, accepting attitude but avoids agreeing with the denial. He accepts it as real to the client and may also, without contradiction or being punitive or insistent, state the attitude of society as personified by the judge, the police, and the probation officer. He does not try to "prove anything" but makes his position on the side

*Social Work*

## Casework Treatment of Delinquents

of adult authority plain.<sup>4</sup> This is most difficult in the frequent cases where the caseworker recognizes that because of family background, cultural prejudices, and other handicaps, the child "never had a chance." His empathy for the child may lead him into resentment against the authority figures involved and the expression of this.<sup>5</sup>

### THREE CASES

Jack was an illegitimate child, his mother having been committed to a school for the feeble-minded immediately following his birth and not released until he was 12 years old. He lived in a succession of foster homes, none for more than two years, up to the time of his commitment to a training school at 13. Although he was found to have average intelligence, he had been in special classes most of his school life.

At 13, he came to the attention of the court, shortly after his return to his mother on her release. He was committed on the second offense and had spent some time in two training schools with brief paroles home. Repetition of the offense and one long and one short runaway during which he was involved in homosexual offenses with an older man led to his commitment to a closed training school. He was seen weekly by a caseworker over a period of fifteen months, at which time he was paroled.

Jack maintained that he was "sent away for nothing" for most of the first interviews. He minimized every offense, characterizing the pocket-book snatch from an old woman and the destruction of property as boyish pranks done with his friends. When the caseworker continued to point out the reality of his appearances in court, especially as a partner in frequent homosexual acts with the

same man, he indignantly exclaimed, "Somebody committed an unnatural act on me . . . I didn't commit an unnatural act on him!"

During these early weeks, Jack was unable to conform to the rules of the training school. He wandered about where he knew he would be caught. While his infractions of the rules were punished, an effort was also made to find something in the program to interest him. This was difficult since he expressed no preferences and would participate in any placement only as far as he had to. He finally showed some interest in music and was accepted by the music teacher as a drum student, a placement he enjoyed and worked at.

Bob was committed when he was 12 for participating in a series of breaks into stores and gas stations. He was 15 when he was seen and on his second stay at the training school, having been returned for a second series of breaks, the last one involving \$1,200. He was the only child of his mother's second marriage; he had an older brother who was married and in another city, and an older sister in a state mental hospital. His parents were divorced when he was 9 years old because of his father's drinking and extramarital affairs, the same reason for which his mother had divorced her first husband. His mother was a waitress in a nightclub and was said to drink to excess and to have a boyfriend of poor reputation.

In the early interviews, Bob did not minimize his guilt; in fact, he added details not known to the police. He pointed out repeatedly that while on his first parole he had been "mixed up," now he was all straightened out and there was no reason why he should not go home and "keep out of trouble." He maintained that the only problem he had was "how soon I can get out of here and go home"; he knew he could get and keep a job where his mother worked, everything would be all right, and there was nothing he wanted or needed to discuss with the caseworker.

In the institution, he was involved in

<sup>4</sup> Martin Falsberg, "Setting Limits with the Juvenile Delinquent," *Social Casework*, Vol. 38, No. 3 (March 1957), pp. 138-142.

<sup>5</sup> Elliot Studt, "The Contribution of Correctional Practice to Social Work Theory and Education," *Social Casework*, Vol. 37, No. 6 (June 1956), pp. 263-269.

two violent fights with another boy and then he virtually isolated himself for some time, not talking or playing with other boys, volunteering for extra work with the avowed intention of "keeping out of trouble and getting home."

Tony was committed at 16 for an assault on a woman, for staying away from home nights and for being a "stubborn child," having been unknown to the courts until he was 14. His mother died when he was 3 years old and after some time in the homes of relatives, his father remarried and took him to live with him, the stepmother, an older brother, and younger stepbrother. At the time of Tony's commitment, the brother had married and left the home. Tony's father was interested in him but could not withstand the force of the stepmother's dislike of the boy and her insistence that he or she must leave the home. Tony had above-average intelligence, did quite well in school, and had musical talents. He impressed people as a most attractive boy.

He admitted his offenses and his trouble with his stepmother without apparent affect, but insisted that in the future he could and would return home and avoid difficulty. "If somebody starts getting on my neck or something, now I just walk away." He professed to like all the staff of the training school, and indicated that he understood himself very well and needed no casework help.

In the institution he was pleasant, compliant, and was given privileged placements as well as a leading part in the school play.

As in every casework relationship, as the interviews continue the worker accepts the material the client now begins to bring in and evaluates it in terms of its use to the client. It is likely now that the client will test out the caseworker in small, unobtrusive ways concerning the keeping of appointments, his attitude toward other members of the staff and other boys, the confidentiality of the interview (which the client will test out over and over again), and his

willingness to be too acquiescent about the client's negative expressions toward others. The extreme ambivalence of the boy toward authority and the concomitant elements of control in the authority relationship are clearly seen at this time. It might be said that in a sense the child is trying to prove to himself that it would be foolish and unsafe to lower his defenses, to trust this person, and that he can only continue to survive as long as he denies his own ability to grow up and relate to reality as more than a very young child. Thus, the client presents himself on the one hand as a dependent child, passively wishing help, and then as an independent, aggressive individual not in need of help and questioning the motivation of the social worker who wants to help him.

In effect, the client at this time is in a very painful situation. He desperately fears to discover that this relationship, like all others he has known, will lead to loss, pain, and the renewal of the feelings of helplessness and loss against which he initially defended. At the same time, his testing behavior on the surface implies the converse—that he does not wish help and has little interest whether treatment continues or stops. However, within the relationship, he has found what he has wanted in a parent figure. If he lowers his defenses and lets himself become really involved with this person, he is vulnerable again to the pain of loss and the depression it engendered.

It is at this point in the treatment process that little progress is apparent. There is repetition of earlier material and the client appears to be unwilling or unable to move into new areas. The interviews are marked by a bored attitude on the part of the client, who makes it clear that he is there only under duress. There is a constant fencing on the part of the client, or at best, admissions and insights which prove on examination to be superficial—merely new angles of a well-tried defensive system.

In the face of this apparent impasse, the social worker may feel that nothing of im-



## Casework Treatment of Delinquents

portance has been accomplished except, perhaps, the perfection of the defensive system of the client. If the case is terminated at this point, there is almost the assurance that the delinquency, or a similar one, will be repeated. The child will appear to be the type of offender whom one sees categorized as bad, unteachable, not willing or able to profit from treatment, and consequently only to be reached through punishment. In actuality, it may be said that the child is fearful of moving deeper into a relationship that would expose him to a repetition of an earlier experience against which he is highly defended. The child must be allowed to continue to test the relationship, with the caseworker helping by remaining a constant figure and pointing out the reality of the relationship to the client.

### SAME DEFENSE BUT SUBTLE CHANGE

The caseworker will soon note that a subtle change has come into the client's behavior. While he uses the same defenses as heretofore, there is a new quality in this phase of the treatment process that is difficult to define or describe. For a period of time, there has been defiance in the denial—anger, rigidity in voice and manner. What is now apparent is perhaps analogous to that moment in the blind, raging temper tantrum of the young child when the alert parent senses that the fear and anger have blown themselves out and the continuing uproar means "Help me to stop!"

This same indescribable change seems to come into the relationship between the worker and the child. While the child maintains the same outward attitude of rejecting help, he comes to the interview with more enthusiasm, he smiles more often, he may "kid" with the worker, get angry or "fresh" with him, use more obscenity, and be more truly communicative. It is as though he were trying out the new relationship, but he is quick to retreat to the

earlier position behind his defenses if any pressure is applied.

Excerpts from an interview with Jack after thirteen months of weekly meetings, are given here. His progress in the institution had been very stormy although the administration had tried to recognize even small gains.

Caseworker: What have you been doing this week?

Jack: Nothing.

CW: What?

Jack: You heard me. Nothing. . . .

CW: Were there some things you didn't want to talk about?

Jack: Not necessarily.

CW: *Are* there some things?

Jack: You asked the same question twice and you'll get the same answer twice—not necessarily!

CW: I was hoping the second time I'd get a different answer! *(Both laugh.)*

Jack: I wouldn't say there were some things I don't want to talk about . . . it doesn't bother me. . . . I just don't care. . . . *(yawns)*. . . I didn't sleep much last night. *(Here follows an involved story about listening to a friend's borrowed radio.)* I wish I could get one from somewhere of my own. I ain't writing to my cousin no more.

CW: Why not?

Jack: Huh?

CW: Why not?

Jack: Ah, she's full of s——, always feeding me that stuff . . . what do I care? . . . don't make no difference to me.

CW: What does she say?

Jack: She's always telling me "You can't go home." What is she telling me that for? I don't care. . . .

CW: Why?

Jack: I don't know. She says my mother's still sick over the last time. *(weak laugh)* . . .

CW: Did you ask her if you could go there?

Jack: *(softly, yawning)* Yeah. About a thousand times. I'm sick of it. When I get out . . . I'm not going to live there. I wouldn't live there.

For several interviews, Bob began by saying everything was "peaches and cream," but when the caseworker pointed out to him that he was spending most of his energy *not* thinking about the things that troubled him, he was able to talk about his early memories of his father whose early life, he had heard, was "just like me," shifting quickly again to statements about his boredom with the interviews. In the institutional program, his behavior was well under control and he was given some cottage responsibilities and played on a cottage basketball team.

Tony came to the interviews pleasantly and on time. He discussed what he professed to have heard his cottage master say—that "They are getting rid of this school soon," and that if he wished, he could ask the court to transfer him to an adult prison which he thought would be a much better place to "serve his time." He was still convinced that he would get into no more difficulties when he returned home because now his stepmother understood him better and wanted him. He mentioned talking all this over with his cottage master who agreed that he had "learned his lesson." He continued to have excellent behavior reports although he made no special friends among the boys.

#### **RELAXATION OF DEFENSES**

The caseworker is now at a crucial point in the treatment process and one most difficult for him. As the client gradually feels able to move deeper into the relationship in the direction in which he has been slowly moving over the past several months, there is a relaxation of the defenses. Within the safety of the treatment situation, the client is able to recognize that there is a pattern in his previous behavior and that this defensive structure has meaning for him. As the child is now faced with material that previously was inaccessible, he becomes highly anxious and the depressive feelings that have been buried are now felt directly. This is a stormy time in the relationship—

the client often refuses to talk to the caseworker, accuses him of all kinds of deceptions, sets traps to demonstrate his unreliability, or refuses to come to interviews at all. He appears to be using every possible way of provoking the caseworker to reject him and terminate this painful period of beginning growth. He is almost in the position of a man, very painfully hurt in an accident, who begs his rescuers not to touch him because he cannot face the pain of healing.

At this interview Jack had flagrantly violated rules and had to be restricted to his room. He expressed disgust at seeing the caseworker and maintained that there was nothing to talk about, nothing was bothering him. When the caseworker refused to accept this, Jack countered by telling him of some of his homosexual activity in the training school which was not known to the administration, talking about it in a tone calculated to show how little he cared to conform to the standards he knew were acceptable and clearly provoking the caseworker to anger and rejection. The caseworker expressed his displeasure with such behavior, said he hoped it was a thing of the past now and left, reminding Jack that he would see him next week.

For six interviews Bob's responses were monosyllabic—he had no problems, he found the interviews boring. In answer to any question he said, "I don't know." He said he saw no sense in coming to the interviews and wondered if "somebody" was working to prevent his parole, going on to accuse the caseworker directly of telling his cottage master about some drinking Bob had confided in the caseworker. To a question about what he wanted to talk about at one of these interviews, the reply was "Nothing."

At this time, he was refused parole home because of his mother's drinking, and when the caseworker tried to talk to him about that, he replied, "If she drinks, she drinks. It's got nothing to do with me."

*Social Work*

## Casework Treatment of Delinquents

He was having many arguments with the cottage personnel.

Tony continued to talk of his wish to go home and said, "My father says it'd be different if I come home now." The caseworker asked, "What does he mean?" Tony replied: "He said he was going to talk to her" (*stepmother*). Tony had a weekend at home and reported it as "perfect." While he insisted that he had no worries other than whether and when he would be permitted to return home, he was always polite and changed the subject frequently rather than refusing to answer the caseworker's questions.

The caseworker told Tony that he was going to be away on army training for two weeks. Tony appeared hardly to hear this but a moment later exploded into a long diatribe about the people at the training school who "leave you alone and don't talk to you," ostensibly centering on the administration's withholding final information about his return home. That night he made an unprovoked attack on a boy so hard that the boy had to be hospitalized. Since this was completely out of keeping with his usual behavior, the administration was inclined to believe his story that it was accidental and he was not punished.

### BEGINNING OF EMOTIONAL GROWTH

If the worker is strong enough to weather the final period of testing out described above and perseveres through it, he encounters the depression that the lowered defenses now allow to break through, flooding the ego with the threat of potential loss, of helplessness and pain. The client blames the caseworker for his unhappiness and at the same time clings to him in an acute dependent relationship. It is often difficult for the caseworker to deal with his own feelings of guilt at this point since he may feel that he has brought about too much suffering. He may also be concerned that the client may be permanently fixed in his dependence on him.

If, however, he can accept the client's feelings as a sign of positive growth, he will find that this stage does rapidly move over into that of growth in a more emotionally mature fashion. It is, indeed, rewarding after months of sparring and constant gains and losses, to see the client begin at last to show insight, to make appropriate sexual identifications, and to demonstrate the beginning of a useful superego development.

It is vital at this time in treatment that the external reality also prove rewarding to the client, since it is against the reality that the defense was erected in the first place. In the institution, it is important that progress be rewarded with tangible evidences of the pleasure of the staff in the boy's increasing maturity. Exception to institutional routines should, if possible, be made for the boy at this time and should be explained as resulting from a recognition of him as a more responsible individual. If possible, the reality of the community to which he will return should be made attractive to him, and if this is not possible, he should be helped to find resources there which are ready to help him as he needs them. Tangible rewards, letters, and visits will be more meaningful than words or a passive willingness to accept his application for help.

*In the final interviews, Jack talked of his feelings when he had been confined to his room.*

Jack: I don't like to be in my room.

CW: You'd rather be in the program?

Jack: I don't like to be in my room, period. . . .

CW: What happens when you are?

Jack: Nothing happens—I just get restless and bored. . . . When I got at this point anywhere else, I ran away.

*He discussed the fact that he was trying to keep himself free of homosexual involvements and the manner in which he had found the staff, formerly seen as implacable enemies, as able to help him.*

CW: You mean you are afraid you will get involved with him? (a homo-

*sexual boy whom Jack has described as "a jerk" whom he hates)*

Jack: That's right, you hit it on the nose. . . . I just pay no attention. . . .

CW: Because if you did, you're afraid—

Jack: I'm not afraid to get into trouble. I just don't want to have anything to do with him, period. If I get into trouble or not . . . He's got a lot of kids into trouble.

CW: The masters know?

Jack: They know, don't worry. They ain't stupid either. . . . One day he was in his room and I was trading funny books with him and I had a whole stack of funny books and Mr. C came over and he said, "Jack, I know you was having nothing to do with him—just trading books—I know," he says, "just pay no attention to him and you won't get into trouble!" I says, "I was just getting books" and he says, "I know!" He wasn't telling me like—you know—me and Mr. C get along good.

CW: So you're trying to keep away from D?

Jack: That's what I'm trying to do most.

Bob started the interview by saying that he wouldn't mind going to live with his brother if his mother would come too, because in his home town there was "nobody to hang around with but kids that have been in trouble, just hang around with a couple of them and before you know it, you're in trouble again." From this, he went into an angry account of the cottage relief matron he could not adjust to, and the caseworker accepted his angry feelings. At the next interview, he talked of his decision to go to his brother's house although his mother would not join them now, and went on to talk about his mother's drinking, saying that she always drank some, "like everybody else" except when he got in trouble and then it got worse. And he went on to say that she told him his father had taught her to drink—repeating his belief that he was just like his father. In the last interview, before he left

for his brother's home, he discussed realistic plans for work and school, expressed some fears about the trip, and about making new, nondelinquent friends, and accepted reassurance in a mature manner. He followed out his plans and continued to do well.

When the caseworker came back from his trip, Tony hastened to tell him about the assault "accident" although he mentioned he had not told his father. He admitted to some worries about how things were going to go when he reached home and said he thought he would like to have "someone to talk to" when he left.

Because of his excellent institutional record, he was permitted to go to a work placement where he did so well he was "rewarded" by being allowed to go home at his urgent request and without consultation with the caseworker. Two months later he was returned for violation of parole because of two "unarmed assaults."

As with other such personality disorders, it is inevitable that regressions will occur when the conditions which caused the original difficulty are reactivated, as they often are in the difficult reality situations in which most of these clients must live. Loss of a friendly employer, a change in caseworker, the removal of a friend, all may bring a recurrence of the depression and a remobilization of the early defense against it. For this reason, such clients should be continued in some contact with their caseworkers for as long a time as possible after active treatment is terminated. If this is done, or if the worker to whom the case is assigned in a new agency understands the long road the client has traveled before, such regression can frequently be used for additional insights as the client comes to realize that he has not really "lost everything." No claims are made that such clients will be able to function as freely and with as great a degree of maturity as



## *Casework Treatment of Delinquents*

those whose early lives were not so severely traumatized. But they can function adequately, with a degree of happiness to themselves and safety to the community.

### **SUMMARY**

Clients who use the primitive defense of denial are frequently seen on correctional caseloads where they are placed by authoritative agencies.

To work successfully with such clients, the caseworker needs to recognize that this defense is held against the pervading depression felt by the client who has known early loss and rejection and who controls the resulting anxiety created by his reality situation by denying it and resisting any relationship which may cause a repetition of the early experience. Because the client is reacting against reality, it is essential that during treatment the environment be made as consistent and rewarding as possible.

The cases studied were institutionalized boys in training schools for delinquents. In treatment, the caseworker presented himself as a warm, accepting, consistent adult, identified with authority but not involved with institutional management. Treatment was carried on this basis for a long period of testing out on the part of the client who appeared to need to fend off the relationship he actually longed for, for fear of the loss which relationship had brought him in his earlier experiences. When treatment was continued in spite of his denial of need, and the environment was used positively, a period of depression followed the lowering of the defense and the beginning of emotional growth. Such growth was rapid and with the development of a more mature defensive system, the depression was greatly alleviated so that the client was enabled to live comfortably and safely in the community.

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BY KURT FREUDENTHAL

## *Problems of the One-Parent Family*

IT HAS BEEN estimated that more than 5 million children in this country are raised in one-parent families. What is the profile of this significant group? What is the emotional climate of its basic units? These are questions of mounting interest to casework and other helping professions to which few answers are found in the literature. Efforts to examine family structure and interaction have concentrated on the complete family unit. Only occasionally do discussions deal systematically with situations in which the standard family constellation does not exist and emotional forces interacting among members of the normal family unit cannot assert themselves.

This lack may be related to the fact that despite its numerical frequency, the one-parent family is not overtly set apart as a distinct entity and opportunities for categorical study thus may not be frequent. Therefore, it was with considerable interest that material emanating from a project involving a significant number of parents without partners over a prolonged period of time was examined in search of basic dynamic features which could be considered characteristic of the one-parent family.

The project, under the auspices of the Baltimore Department of Education, was organized for parents who, because of death or divorce, were rearing children by themselves; it was aimed at affording the opportunity for group discussion of common problems under professional leadership.<sup>1</sup> It has now been carried on for five consecutive years. About thirty weekly group sessions were held during a school year,

with an average of fifty parents participating in all or part of the sessions. Approximately one-fourth of the group members were men of whom about half had custody of their children and were raising them in their own homes. About three-fourths of the members of the group were divorced and this preponderance was underscored by a greater drop-out rate of the widowed members—the latter were most likely to leave after sessions in which the group became involved in problems peculiar to divorce, such as those around the children's visits with the other parent. Not only were they unidentified with these situations but often disturbed by the emotional intensity and hostility which this material was apt to generate. Nevertheless, the two subgroups on the whole readily consolidated into one, and remained closely interrelated around areas of common concern.

The study was based on evaluation of the material produced in the discussions of the group and on the observations of its leader. Powdermaker and Frank in using essentially this method in a group therapy research project point out that "the fact that one is working with human beings makes it impossible to maintain a rigid experimental design" and that in this area "statistical methods have at best only limited applicability."<sup>2</sup> Since the project was not conducted in a clinical setting and lacked features of pure psychotherapy, the personal involvement of the group leader was not considered sufficiently strong to pre-

<sup>1</sup> See Kurt Freudenthal, "A Class for 'Only-Parents,'" *Understanding the Child*, Vol. 25, No. 4 (October 1956), pp. 111 ff.

<sup>2</sup> Florence Powdermaker and Jerome D. Frank, *Group Psychotherapy* (Cambridge, Mass.: Harvard University Press, 1953), pp. 7-8.

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## *Problems of the One-Parent Family*

clude his own observations—rather than those of a separate “observer”—from forming the basis of the study. Accordingly, his own informal notes, rather than an “observer’s” records, were used.

From the discussions of the group certain basic dynamic factors emerged as being present in significant frequency in one-parent family units. For a dynamic element to be considered characteristic of the one-parent family constellation it had (1) to be brought out consistently by a considerable number of group members; (2) to affect both parent and child within the one-parent family unit; (3) to affect one-parent family units created by death or divorce. While some of the dynamics so encountered may be present as such within the complete family group, it seemed that the combination which emerged reflected a specific and characteristic pattern. The dynamic elements observed were (1) a sense of incompleteness and frustration, (2) a sense of failure, (3) a sense of guilt, and (4) marked overt or underlying feelings of ambivalence between only-parent and child.

In the following an attempt is made to illustrate these elements by evolving a composite profile of parent and child in the one-parent family group as it emerged from the material produced in the discussions of the group studied. Because this group was composed predominantly of women, the parent is referred to as “she,” the child by contrast as “he.”

### **SENSE OF FRUSTRATION**

Likely to be present in the one-parent family is an underlying sense of incompleteness, of lack of fulfillment involving all its members. Its roots appear to be multiple.

A sociocultural factor appears largely responsible for the one-parent family unit’s constant and acute awareness of its social difference from the complete family. As one single parent described it: “I always feel the way I imagine a person with only one leg must feel with others: conspicuous, handicapped; and I am sure others feel un-

comfortable with me when they are aware of my situation.” Many only-parents reported that they feel most “normal” during the hours of work when they are considered only as individuals without regard to family status. It is in the home and in the social sphere that the difference is continuously highlighted. Social life for adult members of family groups ordinarily is organized “for couples” and only rarely, it appears, does the single parent find herself included in the social activities of the married group. On those occasions not only is she likely to feel like a “fifth wheel” but to sense that her presence is apt to cast some sense of discomfort over the group whose homogeneity has been disturbed. There was speculation that in a married group the presence of one whose marriage has been dissolved was experienced as a threat or as guilt-provoking. But neither, the discussion brought out, does the parent without partner feel entirely comfortable with a single group. The reasons given were the only parent’s sense of difference because of past marital status and, particularly, because of her strong identification with parenthood and parent status.

The discussions emphasized consistently that emotionally the parent without partner misses companionship above all. Loneliness emerged as probably her most outstanding single characteristic. Specifically, she misses partnership in the many perplexities of child-rearing which can be dealt with more securely through joint rather than single responsibility. There is likely to be associated a feeling of envy of those parents able to turn to each other for support.

According to the material produced the child raised in the one-parent family also constantly realizes his differences. He cannot help but notice that “normally” a child lives with two parents. As he also realizes that a child’s life is likely to have more fullness in the presence of two parents, he is ready to conceive of his own status as one of deprivation and occasionally as one re-

flecting personal inferiority. There was consensus that this meaning is underscored if the divorced mother resumes her maiden name. Not only does she thereby create another conspicuous difference from the "normal" pattern of a common name for all members of a family unit, but by her gesture implies rejection of any bearer of the father's name.

There was evidence of a consistent desire of one-parent family members to end the state of incompleteness and frustration and to become again part of a complete family group. This need seemed to be handled most comfortably by those group members who appeared to be well adjusted as individuals within their one-parent family unit. The children in such units also were reported eager to be reintegrated into a complete family group. They were likely to urge the parent impatiently to enter into a new marriage. Considerable conflict in this area on the other hand was displayed by those group members in whom the previous marital experience had instilled or reinforced doubts as to their basic capacity for marital relationship. Similarly, children who had been given a feeling of rejection because one parent had left their lives and who felt insecure with the remaining parent were likely to indicate apprehension at the prospect of her remarriage, to be afraid of losing more of her affection.

### SENSE OF FAILURE

The breakup of a marriage was consistently reported as having been experienced as a personal failure by both only parent and child. In case of divorce the group members' feelings of failure centered around their original selection of the marriage partner. Many were able to verbalize their belief that they had lacked readiness and maturity for a marital relationship at the time. Even in the case of widowhood, the surviving spouses tended to cast themselves in the role of losers who have failed to achieve the goal of lasting togetherness.

In children of divorced group members, the sense of failure seemed to relate to their inability to prevent the family breakup. Rather than being related to the parent's incompatibility it was experienced as being due to the child's own inability to hold on to the lost parent. Doubts about personal worth and attractiveness were likely to be expressed by these children. Even in the case of a parent's death children, especially those in the younger age group, were reported likely to feel deserted. Group members related that they had attempted to explain death in terms of God having decided to take the deceased parent to heaven to end his suffering. The rejoinder of one youngster seemed to embody a child's reaction to this interpretation: "But couldn't Daddy have asked God to make him well instead so he could have stayed with me?"

There was evidence of a strong desire on the part of the single parents to eradicate the sense of failure in interpersonal relationships by a successful experience in this area. Most frequently this took on the form of a need to prove herself a successful parent both in her own eyes and in the eyes of those who might have been doubtful of her adequacy as a marriage partner. Members of the group studied showed marked concern about raising their children "right" or "doing the right thing" in coping with a given problem facing them in bringing up their children. On the other hand, children were reported to be likely to counteract the sense of failure by unflagging efforts to create or maintain an image of themselves as meaningful to the missing parent. In case of death they seemed reassured by the display of the deceased parent's pictures and the reiteration of episodes illustrating that parent's fondness of them. In case of divorce they resisted attempts of the remaining parent to "tear down" the other's image by casting him as a person without capacity for love for anybody. There were several instances in which, despite the failure of a divorced parent to maintain contact with the child for many



## *Problems of the One-Parent Family*

years, the child persisted in attempts to reach out to him by writing letters, sending valentines, pictures, and so forth. Attempts by the remaining parent to discourage such efforts as hopeless were reported unsuccessful in the face of the child's overwhelming need to maintain a sense of inner security, a belief in himself as a worthy person, able to attract and hold the love of others.

### **SENSE OF GUILT**

There was evidenced considerable sense of guilt among the members of the group around the marital failure. These feelings were, as might be expected, more pronounced in case of divorce where they were frequently expressed freely, though not uncommonly concealed behind consistent defensive efforts. But guilt was reflected to some extent also by those group members whose marriage had been terminated by death. It was likely to center around now irreparable incidents of neglect or thoughtlessness with which the surviving partner continued to charge herself without the opportunity of absolution by forgiveness.

In all instances guilt was found to be likely to produce a determined effort to atone through "making up to the child" for the absence of a normal family setting by being "two parents in one." Group members tended to be conscientious parents, imbued and usually deeply preoccupied with their responsibilities. With this sense of dedication the desire to "lead a life of her own"—stemming from the sense of frustration discussed above—was likely to come into conflict. New guilt would result from the feeling that the child's needs might have been neglected when the single parent permitted herself to be in quest of personal gratification. The child, too, was reported experiencing guilt feelings. While related primarily to the original inability to prevent the parents' marriage from being dissolved, they also seemed associated with the child's feeling of being the cause of the remaining parent's deprivations and inability to enjoy fuller gratification in life.

### **FEELING OF AMBIVALENCE**

The set of dynamics reported above seemed to furnish the conditions for the widely present element of hostility between parent and child in the one-parent family unit. From the material produced, this feeling resulted for the parent from frustrations and deprivations inherent in the situation. A significant number of divorced group members seemed to see in the child a living symbol and reminder of the marriage situation which had been experienced as a failure. Such feelings were reflected in the reproofing use of the phrase, "You are just like your father," or sometimes just by seemingly objective references to the child's physical resemblance to the former marriage partner. There was widespread indication of direct or indirect feeling of resentment about the disproportionate amount of responsibility the only parent had to assume for her child. Consistently it was considered taxing at best to raise a child alone; in many instances the efforts involved in being both sole breadwinner as well as homemaker were felt to be excessive. Considerations for the child were frequently felt to be standing in the way of a new marriage which would otherwise have seemed desirable as a "solution." A relationship with a prospective new marital partner would be reported broken up "because of the children" with undertones of resentment about having to give consideration to their welfare over and above personal desires. There were direct references to the child as a "handicap" although more often sentiments would be veiled by use of the phrases "duty to the child," "responsibility to the child," or more tellingly "sacrifice for the child."

At the same time the discussion material brought out that the parent's awareness of such hostile sentiments in turn would tend to be guilt-producing. Group members reported that "catching" themselves in hostile feelings they would become especially solicitous of their children. Some had difficulty enjoying social contacts away from home,

would handle their guilt feelings either by telephoning the child when away or by bringing back a present as a tangible token of affection and atonement for having even temporarily deserted him.

Yet the child was likely to be extraordinarily meaningful to the only parent. In many instances he was felt to represent the one remnant of the dissolved marriage which had positive emotional significance, a lasting source of gratification and an object of love for the only parent. Frequently the emotional tie between the single parent and her child appeared exceptionally close, especially between parent and child of opposite sex; yet even in these instances the presence of ambivalent feelings was usually recognizable.

Almost consistently the child also was reported to feel very close to the remaining parent. There were indications that devoted efforts of parental care and the intensive emotional involvement of the single parent with her child evoked strong reciprocal reactions. Yet the child, too, was found to be likely to harbor open or more frequently underlying hostilities. These seem to be based primarily on the child's tendency to hold the divorced parent responsible for the dissolution of the marriage, depriving him of a normal home situation. In some instances these sentiments were reported readily verbalized, especially in the course of argument. More frequently these feelings were found to be expressed on a seemingly nonconscious level—by enuresis in the child's sleep; by poor school achievement because of daydreaming, a mechanism permitting the child to avoid performing in accordance with actual endowment; by poor eating habits, and so on—but in all instances they were in areas in which the parent was vulnerable.

#### MEANING TO GROUP MEMBERS

No attempt was made to measure the results of the group project. However, the mean-

ing to its members could be assessed by various indications. To many of them attendance meant considerable investment in time, effort, and money. Some, after a day of work, traveled as much as an hour to attend the group and had to make allowances for babysitters from carefully budgeted funds. The progressive ability of most members to involve themselves became apparent in their group participation and in the informal individual contacts—usually before or after sessions—which many sought. Reports were frequent, that problems which had loomed disturbingly had faded in intensity and often seen as related to a greater self-awareness gained through the group experience. Some out of every group decided that they needed more intensive help with their difficulties and were referred to appropriate resources. Others became interested in available literature, and were given help in selecting material to read.<sup>3</sup> Some group members would return a second year, occasionally longer. Often former members would re-establish contact at time of crisis. Many members eagerly undertook to induce other single parents to join the group, were disappointed when unsuccessful.

The interest of newspapers and magazines in the project<sup>4</sup> helped to create awareness of the problems of the one-parent family considerably beyond the local community. Many inquiries thus received indicated widespread interest in establishing similar projects elsewhere under various auspices. Essentially unexplored but of obvious interest and significance are the possibilities of conducting similar groups for single parents within ADC programs; this in turn might call for special emphasis on the dynamics of the one-parent family in the in-service training of ADC workers.

<sup>3</sup> Most helpful volume in a barren field: Louise J. Despert, *Children of Divorce* (Garden City, N. Y.: Doubleday & Company, Inc., 1953).

<sup>4</sup> Dorothy Barclay, "'One-Parent' Family: Further Notes," *The New York Times Magazine* (January 26, 1958), pp. 48 ff.

BY NATHANIEL GOODMAN

## *Salaries, Costs, and Workloads*

MUCH CREATIVE THOUGHT has been properly directed at the problem of the inadequacy of casework salaries, but a confounding element in the casework salary picture is that little consideration has been given to the other side of the salary coin, namely, what salaries buy. We tend to assume that proper value is returned for salaries and that supervisory evaluation procedures assure that higher quality work is returned for higher level salaries within a given range. When, however, we begin to borrow a leaf from industry's manual on modern personnel administration,<sup>1</sup> such broad answers as to what is received for salaries paid may not be sufficiently concrete. The matter is relatively simple for the industrial manufacturer who knows, for example, that \$2.50 paid per hour to a lathe operator purchases the labor required to turn out definite numbers of various parts. Although the casework administrator's analogous problem is more complex, it is not insoluble as is indicated by the several cost studies which have been successfully accomplished.<sup>2</sup> These cost studies have succeeded in pricing a unit of casework services whether that unit is the case or the interview, variously defined. This means, then, that a certain amount of salary cost goes into the cost of a unit of service, whether or not we recognize it. In other words, salaries do purchase units of service. If we have not computed how much they have purchased, we have been rather blindly administering programs since such computations can be made. If the field of social work is beginning to cast longing eyes at the compensation which

related skills receive in industry and if social work is beginning to use personnel techniques to document this discrimination, then social work had better take the next step along this path and find more concrete answers to what agency-employers receive in return for salaries paid.

The essence of rational personnel administration is that it permits an equitable—and competitive—pricing of the labor element in the employer's production process, whatever that process may be. Cost analysis, on the other hand, permits the allocation of all expenditures involved in that production process so that management can know the full cost of its product. Rational personnel administration, thus, facilitates the processing of labor expenditures so that they may ultimately find their proper place in the product cost. Personnel administration and cost analysis are two sides of the coin of rational administration. Social work has recently embraced them both. It now remains to relate them to each other, thereby determining what salaries are buying.

Although the unit of service in casework may be variously defined, in this paper it is the casework interview. The casework interview appears to be the smallest tangible unit produced in any casework service. However, some casework services may be able to argue more forcibly for some other unit as the basic item produced as, for example, the case. The principles to be discussed in this paper will apply whatever

<sup>1</sup> Pricing Casework Jobs (Cleveland: Case Work Council, Welfare Federation of Cleveland, November 1956), 120 pp.

<sup>2</sup> Ralph Ormsby, "Cost Analysis in the Family Field," in *Planning Social Services for Urban Needs* (New York: Columbia University Press, 1957), pp. 102-111.

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the unit selected. One additional comment should be made. Considerations in applying cost analysis methods to social welfare management<sup>3</sup> clearly demonstrate that a social work agency generally offers several products to its community. Family service agencies, for example, offer family life education, community organization, and so on, in addition to casework. However, about 85 percent of all costs go toward the casework service in these agencies.<sup>4</sup> By and large the services produced by the remaining 15 percent of expenditures derive mainly from employees other than the caseworkers. This means that a caseworker is hired essentially to produce casework. Although the caseworker does produce some units of service other than casework, there would not be appreciable distortion in considering casework as the sole service produced by the caseworker.

One may rightly wonder why it is that business management techniques of administration are just now being introduced in a field which is over seventy-five years old. In large part, this can be understood in the light of the training available to social work administrators. Primarily they have acquired their training informally from each other. This field has been so concerned, and rightfully, with the process of serving clients that little real energy was available to consider the question of how best to administer the service. In this situation, social work is not unique. For example, it is only in recent years that medicine has developed a class of administrators—people whose training is specific to administering large medical facilities. It is only recently that a specially trained hospital administrator manages a hospital. Perhaps we in social work are just now on the threshold of such a development of our own. In any case, our experience has been, and, by and large, currently is embodied

in a rewording of a well-known expression: scratch a social work administrator and you will find a caseworker. To a large extent, our administrators are casework practitioners at heart who have gone into administration out of financial necessity, but whose real interest is the casework relationship with clients. Such people are not likely to study the processes of administration with real interest or depth or to study the management techniques of business. The emphasis of recent years on higher salaries for experienced practitioners is addressed to rectifying this problem. No one can gainsay that in all these areas of administrative problems, social work is moving in corrective directions.

### HIGH COST OF LOW SALARIES

A forceful argument advanced in behalf of higher casework salaries refers to the high rate of turnover among caseworkers. We assume that, in large measure, this turnover is occasioned by the quest for financial betterment. The study undertaken by the Children's Bureau of the Department of Health, Education, and Welfare in conjunction with national organizations of casework agencies is designed to test this assumption. When the vast amounts of data accumulated in the course of this study are analyzed, we shall have a far more accurate appreciation of the relationship between turnover and the financial factor. For the time being, there exists no reason why the assumed interdependence of these forces cannot be retained.

Turnover itself is costly in terms of decreased production of interviews. Unproductive time results when a caseworker leaves a job as well as when a caseworker begins a job. However, the employing agency is doubly disadvantaged by turnover. The caseworker employed out of school is not nearly as valuable a caseworker as his more experienced counterpart. Consider the loss to the agency that has hired the caseworker out of school,

<sup>3</sup> John G. Hill and Ralph Ormsby, *Cost Analysis Method for Casework Agencies* (Philadelphia: Family Service of Philadelphia, 1953), 96 pp.

<sup>4</sup> Ormsby, *op. cit.*, p. 104.



## *Salaries, Costs, and Workloads*

supervised and enabled his development to a higher level of skill, and then at this point of increased value loses him to a better-paying agency. The agency fails to receive the dividend of matured capacity from the investment which it has made in the caseworker's training. An employer can afford an investment in the training of an employee if he can also enjoy the benefit of the more matured capacity which results. The high cost of low salaries lies precisely in paying the cost of the former while losing the profit of the latter. This principle refers not only to the first several years of the caseworker's professional career but relates as well to almost any caseworker hired by an agency. While the period of introduction into a new employing agency's situation is shorter for the more experienced caseworker, whatever that period, it represents a substantial investment which can only be justified—*i.e.*, made economically sound—by a similarly substantial tenure on the part of the employee. Further, if the work experience in an agency has been a satisfactory one, the terminating caseworker is a more capable worker at the point that the agency loses him than he was at the point that he joined the agency. The advantages which have resulted from the work experience at the agency accrue, then, to the benefit of another employer. In order for the employment to be economically sound, it must last long enough that the employing agency itself derives benefit from the caseworker's increased value which has developed out of the work experience provided by the agency.

Two implications are involved in this analysis. A casework staff that loses people in whom the agency has invested training potentialities and has not reaped the benefits therefrom loses productive capacity. A casework staff that suffers turnover loses productive capacity. There is but one manner in which any agency may compensate for this lost productive capacity and that is by increasing the size of the staff. For example, in an agency whose way of working settles at a standard of 60 interviews

per month, a caseworker who does not leave the agency will produce 660 interviews per year assuming one month's vacation. If the community's use of the agency requires a total annual interview count of 1,980 interviews, three full-time caseworkers who do not leave the agency will suffice. With salaries that cannot attract and maintain a full staff, the agency will not maintain three capable people and thus will require more than three casework positions in order to produce the required 1,980 interviews. In addition, since the agency probably can never obtain enough caseworkers of any level of skill to meet the need in the community for the service, waiting lists and unmet need results. All this, then, adds up to the recognition that the size of an agency's casework staff reflects three elements in relation to the community's expressed need for the agency's service: caseworkers whom it does hire, loss of productive capacity because of turnover, and loss of productive capacity because of the inability to retain developing caseworkers after they have developed.

The second implication that follows unavoidably from this is that a decrease in the lost productive capacity elements means a decrease in the size of staff. This can be cast in the form of a mathematical formula:  $S = C - LT - LD$ , where  $S$  stands for the size of the staff;  $C$  stands for the productive time of caseworkers functioning on staff;  $LT$  equals lost productive time because of turnover; and  $LD$  equals lost productive time because of failure to retain developed caseworkers. To return to the hypothetical agency noted above which has a community need of 1,980 interviews, if we assume the not unusual situation of one steady caseworker, one young caseworker, and one turnover position with only a single month unfilled vacancy, the agency's annual production will be in the neighborhood of 1,700 interviews (660 interviews, 500 interviews, and 540 interviews respectively). With a year or two experience of this nature, this agency will probably be demand-

ing and obtaining a fourth casework position since a need for 1,980 interviews severely overburdens a productive capacity of 1,700 interviews, thus giving a picture of definite understaffing. Most casework staffs, if not all, include casework positions which are required to make up for the lost productive time occasioned by the LT and LD factors. A salary scale that can decrease these factors thereby decreases as well the number of positions required.

### CAPABLE WORKERS COST LESS

When the cost factor is added, this line of thought becomes even more interesting. As noted above, in this paper we shall consider the interview as the unit of casework service. By relating interviews produced by a caseworker to the salary paid him, there results a quantitative answer to the question of what this salary buys. By dividing the number of interviews produced into the salary paid, one learns the casework salary cost per interview for a given caseworker. The addition of this cost factor indicates that the more capable people are the cheapest employees in terms of salary cost per interview even though their aggregate salary is higher. The highest-paid caseworker in our agency was paid a salary 13 percent higher than that of the lowest-paid caseworker but produced 30 percent more interviews. The salary per interview for this highest-paid caseworker was 13 percent less than that of the lowest paid worker.

The following data reflect the situation at our agency among our continued-service caseworkers:

Caseworker	Salary Paid	Total Interviews	Salary Per Interview
1956			
A	\$4,760	734	\$6.49
B	4,520	722	6.26
C	4,200	563	7.46
D	4,426	540	8.20
1957			
A	5,000	948	5.30
B	4,840	864	5.60
C	4,260	579	7.36

Caseworker	Salary Paid	Total Interviews	Salary Per Interview
1958 (Estimate)			
E*	3,850	450	8.56
* (Just out of school)			

Only continued-service caseworkers are selected in this representation to increase comparability among caseworkers. To a substantial extent, the intake caseworker is not quite as responsible for the volume of his production as is the undercare caseworker. Comparability must also consider the differences in cases assigned among caseworkers. According to the director and the casework supervisor of the agency, there was no significant difference in the cases assigned. The estimate for the recently graduated caseworker in 1958 is included in order to indicate the higher real cost of this inexperienced person.

These figures dramatically portray differences of cost per interview among caseworkers and dramatically indicate the high cost of cheap labor. The period during which the caseworker's salary per interview is high may properly be regarded as a training or orientation period. It becomes clear that this high cost is justified only if the agency will benefit later when this caseworker's cost is reduced. If one could accumulate this sort of data for the developmental years of a group of caseworkers, it would be possible to figure how long the agency needs to retain a caseworker on staff to repay the initial high cost. Thoughtful administrators of casework agencies have recognized that a stable, qualified staff is required to project a program of service on a high level. A casework agency, that is, has difficulty in developing a program when the employment doors for caseworkers are constantly opening and shutting. The business of training, orienting, and transferring cases grossly impedes the development of a solidly based program. These figures indicate as well that the lack of a stable qualified staff is most costly as well.

## Salaries, Costs, and Workloads

This realization is buttressed even more strongly by figures presented later in this paper demonstrating the cost of turnover.

There are several cautions that must be exercised in connection with this financial data. First, regarding comparability among agencies, one has to be aware that such salary costs per interview reflect the agency's going salary rates, quality of caseload, and method of work. For example, the data for our agency for 1957 reflect a drastically reduced recording requirement<sup>5</sup> which went into effect on October 1, 1957. This is very clearly reflected in the costs of caseworkers A and B. Obviously, too, these are very low salary scales. A substantial increase in the agency's salary rates will occasion a higher salary cost per interview. This means that the salary cost per interview is too low to retain a qualified staff since we have suffered much turnover and have lost many people whom we have trained. Stated in another way, it would appear that for this agency a salary cost per interview of \$6.00 or so is inadequate to accomplish the mission charged to salary scales. If, for example, Caseworker A was paid in 1957 the first step of the Family Service Association of America suggested rate<sup>6</sup> for Caseworker III, which is the salary step at which our agency administration believes he belongs, the salary paid per interview would lie between \$6.75 to \$7.00. This would indicate that perhaps this is what a caseworker in this agency needs to be able to obtain in order for the agency to retain its developed people.

Using the above data, it can be demonstrated that a reduction in the LT and LD factors occasions a decreased staff need. With the development shown by Caseworkers A and B for 1956 to 1957 and

with the retention of the developing Caseworker C or D, either of whom should achieve 750 interviews per year, three caseworkers could produce the volume that four produced in 1956. Before discarding positions, the administration must be convinced that its scales will hold these three people and, therefore, that additional positions are not needed to compensate for LT or LD. Needless to say, the implications of this are staggering for it implies that the entire field's need for caseworkers could be considerably reduced if moving from job to job could be decreased—and everyone would be better paid at that, with little if any increased cost to the community.

One other interesting implication develops from this material. Obviously, an economical point of salary cost per interview can be delineated from such financial data as pictured above. It is possible to consider this point of most economical cost as indicative of the level of skill which the casework job in a given agency requires. This point of economical cost will vary with the nature of the service offered and with an agency's manner of working. For example, this point will clearly be considerably higher in a hard-to-reach casework program than in the usual family service casework program. In any event, this point of economical cost can become a useful administrative standard not only in terms of gauging the development of the individual caseworker but also in helping determine the ratio of more skilled to less skilled caseworkers which an agency can afford to support. Although a choice is too often denied an agency in the employment of caseworkers, such material documents the high cost of being unable to select the level of skill desired or required.

### HIGH COST OF TURNOVER

The dimension of turnover is revealed in all its oppressiveness when subject to a cost analysis. A simple method that may be used is based upon the salary cost per inter-

<sup>5</sup> Nathaniel Goodman, "The Use of the Movement Scale with Brief Recording," *Social Casework*, Vol. 39, No. 5 (May 1958), pp. 282-285.

<sup>6</sup> *Establishing Salary Policies and Ranges for Professional Positions: A Guide to FSAA Member Agencies, Report of the Personnel Committee* (New York: Family Service Association of America, 1957).

view. Contrasting this cost for a given caseworker during a stabilized period of his employment with the agency with the cost for the same caseworker for a period of several months prior to termination or succeeding employment provides a crude but significant indication of the cost of that turnover. The following data represent the application of such computation to the last three instances of casework turnover in our agency:

Caseworker	Salary Paid	Total Interviews	Salary Per Interview
F	1956 \$4,380	692	\$6.33
	1957 1,745	195	8.95 (terminated 4-1-57)
D	1956 4,426	540	8.20
	1957 1,649	181	9.11 (terminated 4-1-57)
	4-1-57 to 7-31-57 1,640	232	7.07 (employed 4-1-57)
G	8-1-57 to 12-1-57 2,050	416	4.93

In each instance the period of turnover witnessed a definite increase in the cost of the caseworker's employment at the agency in relation to the work produced. Although arguments may be raised either way regarding the definition of the period of turnover, a computation may also be made of the total salary paid in relation to interviews produced for a sufficiently long period preceding termination or succeeding employment, contrasting this with the salary cost per interview of a stabilized period. For example, considering Caseworker F above, it is known that his cost was \$6.33 per interview during a stable period of employment. He could function at this cost since he did so throughout 1956. The additional cost of his turnover may be determined by computing his salary cost per interview for the entire period 1956 through April 1, 1957. In that case, his salary cost per interview rises to \$7.06. Thus, a caseworker who can function at \$6.33 per interview functions at \$7.06 per interview. The turnover

cost amounted to \$.73 per interview for 887 interviews or \$647.51.<sup>7</sup> This is exclusive of intangible effects on clients as a result of his leaving the agency.

Now, instead of figuring Caseworker F's salary cost per interview for the 1½-year period, if it is figured for a 2½-year period (that is, for 1955, 1956, and the first four months of 1957), another dimension is added. If we assume that Caseworker F performed in 1955 as he did in 1956, the

salary cost per interview for this longer period drops to \$6.73. This is entirely understandable but serves to point out that the cost of turnover can only be economically manageable in a situation where the agency has enjoyed a sufficiently long employment of the caseworker. Significantly, this buttresses the point made previously about the agency's need for a stable staff in order to develop and project a high-level service. Not only is such stability required to enable a good program of service, it is also required to administer the agency in the most economical fashion.

Although this material tends to document the high cost of turnover, it also clearly demonstrates the higher cost of turnover among the lesser skilled caseworkers. If it is uneconomical to lose any case-

<sup>7</sup> This additional cost of turnover derives from the decreased production occasioned by either building up a case load or getting rid of a case load. Salary remains constant, but production is considerably less than during a period of stable employment.



## *Salaries, Costs, and Workloads*

worker's services, it is economical suicide when that caseworker is in the throes of postgraduate development of skills. For in this case, an already expensive worker is made even more expensive. Caseworker D above is such an example. This means that these younger, less skilled people must be retained by the agency for a truly substantial period of time to return economical service.

### **IMPLICATION FOR SALARY SCALES**

The implication of these cost data for salary scales is quite obvious. On the one hand, financial opportunities inducing the young worker to remain are imperative. Thus, the scale must rise steeply. On the other hand, the upper ranges of a salary scale need to be truly high enough to induce the more capable people to remain with the agency since they are in reality the cheapest employees. One can but view with alarm the apparent tendency in current salary scale increases to concentrate a large share of the available salary monies on the entrance salaries. While salary scales have been increasing, it appears quite clear from the reading of job offers that the actual increases in salaries paid are concentrated at the point of attracting recent school graduates. Such practice reflects the concern to obtain incumbents to fill existing vacancies. This, however, is but part of the story of salary costs and workloads. These cost data indicate that the cost and workload experience following the filling of the vacancy is extremely important.

### **COST CONSCIOUSNESS**

It should be noted that this kind of cost consciousness permits the addition of another dimension in the evaluation of many significant administrative decisions. Arguments can be and have been endlessly proposed regarding the qualitative values of staff meetings, training students, training recent graduates, and so on. Rarely is realistic consideration given to how much

of these important activities—if any at all—the agency can afford. It is one thing to become aware of the staff need for seminars, of the agency's responsibility to train young people, and the like; but it is quite another to decide this on the basis of their effect upon the cost of production of the essential service of the agency. The nonprofit status of social agencies confuses this problem. Because social agencies are not obliged to earn a profit and because these agencies are subject to a kind of deficit financing—these do not vitiate the need to be conscious of costs. In reality, since the funds are public funds, the responsibility for their wisest use is increased.

In industry, the top policy-making group huddles with the sales and advertising force to gauge the demand for the product, and finally comes up with an estimate that the concern can sell  $x$  numbers of its units this year. This group then huddles with its production force, considers relevant costs, and comes up with the estimate that these units ought to be produced at  $y$  dollars each. To be adequately made, this decision requires a cost analysis.<sup>8</sup> Thus, the task of the administration of this industry is to produce  $x$  number of units at  $y$  dollars each. Within this sort of framework, the administration knows how many units its labor force must produce at what salary cost. The burden of this paper is that this kind of rational efficiency has its place in social agencies as well as in business management.

### **QUANTITY AND QUALITY**

The discussion has concerned itself with quantity. What of the qualitative aspects of the professional caseworker's production? It is an open question whether quantity and quality are not interrelated elements of capacity. It has long been recognized that the more experienced case-

<sup>8</sup> The financial data indicated above represent a simple sort of cost analysis based upon past experience of a single although significant portion of the cost of the unit.

workers can handle more adequately a larger and more pressureful caseload. Further analysis of this tends to demonstrate that quantity is an even sharper indication of qualitative capacity than may at first be supposed.

The capacity to relate to the client in such a way as to involve him in a casework relation is generally recognized as skill of highest quality. To be able to use one's professional self in a way which holds the client in the casework relationship is a further result of such capacity. This means, then, that the skilled caseworker is able to involve more of his clients in continuing treatment relationships.<sup>9</sup> To use the terminology of the Chicago school's study, there will be more continuers as against discontinuers among cases assigned to skilled caseworkers than there will be among cases assigned to the less capable.<sup>10</sup> This means, then, that the skilled people will obtain a greater number of interviews from cases assigned to them than will be true of their less skilled colleagues. Stated another way, they can build up a caseload more quickly from cases assigned to them than will be true of the less skilled. While it is true that this production differential can be compensated for by increasing the number of cases assigned to the less skilled caseworkers, our experience has been that one can usually not assign enough cases to eliminate this differential. In any event, a supplementary statistic relating to cases as-

signed can easily correct any distortion that may be occasioned by this increased assignment of cases. Another potential difficulty stems from the very dependent client who can continue to come to the caseworker who is not skilled enough to challenge and motivate him, thus building up the caseworker's interview production rate. While this is true, it is unlikely that such clients will not be spread out quite evenly over the caseloads. If such clients are indeed concentrated in the caseload of certain caseworkers, this fact would need to be considered in evaluating the cost data.

Since capacity is so closely related to quantity, the added dimension of salary cost per interview assumes enhanced importance. It can become, as well, a significant corollary to the qualitative evaluation of supervision.

#### VALUE TO THE COMMUNITY

Finally, the value of this sort of approach to salaries, costs, and workloads for relationships with the fund-raising arm of the community is obvious. Its provision of information regarding what is returned for the money given the agency is most persuasive. In addition, such cost awareness is the manner of handling funds which the business interests in the community are used to and expect—and, very clearly, it is the business interests that dominate the budget committees before whom casework agencies have to defend their budgetary requests. To a great extent, such identification with progressive management techniques lends a dignity and a sense of capacity to social agency administration which can do nothing but good for social agency objectives.

Overriding all other considerations is a clear realization that such salary cost awareness constitutes responsible management and responsible reporting—responsible stewardship—of community funds.

There is an implication running throughout this paper that rational salary scales

<sup>9</sup> This does not imply that the caseworker's own skill is the only factor involved in the involvement and retention of a client in a treatment plan. However, it is fair to assume that the other elements concerned in the client's involvement in casework, such as client motivation and external factors, are equally distributed throughout any two caseloads within an agency unless another selective factor is at work in case assignment. That is, these positive and negative factors other than the skill of the caseworker probably balance themselves out in the case loads of an agency's caseworkers.

<sup>10</sup> Lilian Ripple, "Motivation, Capacity, and Opportunity as Related to the Use of Casework Service: Theoretical Base and Plan of Study," *The Social Service Review*, Vol. 29, No. 2 (June 1955), pp. 172-187.

## *Salaries, Costs, and Workloads*

which accomplish their mission, serving to reduce the LT and LD factors, can mean decreased casework staff. This has been mentioned briefly above. By way of summing up this paper, this should be emphasized. Such staff reduction is not a device to make available sufficient monies in order that the remaining staff members can enjoy higher salaries. Nor is it a device to make social work administration more palatable to budget committees by the adoption of a semblance of economy-mindedness and apparent cost consciousness. Rather, staff reduction occasioned by the thinking outlined above flows from a real increase in unit productive capacity. When such an increase occurs so that the demonstrated community need—represented by families requesting service—can be handled adequately by ten to thirty percent fewer case-

workers, the community has a right to expect that staff reduction will occur. It is perhaps difficult for agency administration to conceive of such increased productive capacity that can accomplish the same job with smaller staff. This, however, is the story of industrial management throughout this century and it is, as well, the argument of union negotiators in their clamor for increased wages. Social work administration, too, must put its houses in such an order that its structure facilitates a similarly increased productive capacity and consequent greater yield on the community's investment. Whether this greater yield derives from greater production or decreased cost, in either case, the cornerstone is the unit productive capacity—how much does the community get for the salaries which it pays.

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BY MARY LEE NICHOLSON

## "He Who Would Do Good to Another Must Do It in Minute Particulars--"

*He who would do good to another must do it in Minute Particulars. General good is the plea of the scoundrel, hypocrite, and flatterer;* —WILLIAM BLAKE, *Jerusalem*<sup>1</sup>

How DID ONE human being—who also happened to be a social worker—make some kind of an effort to "do good" without being a "scoundrel, a hypocrite, or a flatterer"? Doing good is a great temptation to social workers, particularly self-conscious and smug Americans in a country like Germany that went berserk and had the catastrophe of complete collapse in the last twenty-five years. It is hard for those of us who are luckier to become involved with such countries, like such individuals, without becoming either too righteously indignant or too naïvely hopeful. They have opened up and shown us—to use a German phrase—"the ape in velvet" that is all mankind. Through this chaos, they have given us the chance to see the overwhelmingly precious and courageous parts of mankind in such documents as the diary of Anne Frank and the letters to their wives from the men condemned to death for their abortive attempt on Hitler's life. It is frightening to see these paradoxical contrasts in one nation's people; it reminds us that these contrasts are all together even in us, the nations who are now "doing good."

Since I have worked with the Quakers—as an American Friends Service Appointee

for fourteen months at Mittelhof, a German Quaker neighborhood center in West Berlin—I have become immensely interested in what they write and do and say. Much of what they say and do gives those added and deeper dimensions to social work practice that seem often to be missing in our own day-to-day work. These months of social work with German colleagues no doubt have influenced me, too, for the Germans are justly famous for their continuous searching for philosophical undergirders of their actions (even the shocking ones of the Hitler days). It is difficult for an American, in a glance at our current practice, to see clearly either the religious or the philosophical aspects of our work. This lack of religious and philosophical emphasis, of consistent and well-defined values, is one of the things most often questioned by our European colleagues, not just the Germans.

My task was not to do good *to* the Germans. I think and hope that my task was primarily to do good *for myself*, and *with* a small number of fellow human beings who happened to be working toward the same general goals and who needed an extra hand—and head—and heart in their group project. Somehow, I was looking for a chance to find myself, a sense of belonging a little more to my own world and my own generation. I am not a typical twentieth-century citizen—I did not fight, or object conscientiously, or suffer directly in the last war. The most typical citizen of the twentieth century is a refugee. This gives us pause, does it not, in view of statistics

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<sup>1</sup> *The Oxford Dictionary of Quotations*, 2nd edition (London: Oxford University Press, 1953), p. 75.



## Quaker Neighborhood Center in Germany

that show the growing number of two-car families in America?

The Quakers make such a personal search easier by not paying any salary or having fancy separative professional qualifications or titles for doing good. They are as interested in a person's spiritual and philosophical values as they are in his technical skills, and they seek great crazy mixtures of all three. They make mistakes, of course, in technical and professional matters, just as we sometimes make mistakes of the spirit in our secular agencies. Such ethical (or spiritual, if you will) mistakes, clothed in the whitewash of "technical necessity" and "professional standards," are in themselves bad technical mistakes. This thought brings to mind the recent analogy of a psychiatrist who wrote: "If you were to take the sum total of all the authoritative articles ever written by the most qualified of psychologists and psychiatrists, if you were to take the whole of the meat and none of the parsley, and if you were to have these unadulterated bits of pure scientific knowledge concisely expressed by the most capable of living poets, you would have an awkward and incomplete summation of the Sermon on the Mount."<sup>2</sup>

The opportunity to work in such a framework as the Quakers provided was at the same time both the freest and the most demanding of any setting I know. Understandably, my conclusions can only be impressions, minutely personal ones. I can only tell you how it was with some of the people with whom I lived and worked.

### THE PEOPLE

Some of the more thoughtful people think that in spite of the economic boom and the cozy place in NATO, they are still living in a nightmare—but perhaps not so much alone this time. They know that whatever the future holds for them, holds also for all mankind and that their unsolved problems are the world's unsolved problems,

that man's last enemy is not some great foreign power on this or that side of any curtain, but that man's last enemy is himself, and his seeming inability to find any solution to conflict except violence, or the threat of it, or childish competition with the instruments of violence.

I worked mostly with German Quakers or Germans who were drawn to the new neighborhood center movement when it began after the last war. Among those Germans who were my colleagues was a former director of a Nazi Work Service Camp for women, who is alive today because the American Mennonites fed her while she was a student in a school of social work the first year after the war. I worked with a former Communist who had been a nurse in the Spanish Civil War and was imprisoned in Moscow during a sudden and mysterious turn in the "line." I worked with former sports leaders and kindergartners who led children's groups for Hitler's Thousand-Year Reich, and three of these workers could add up a husband, a father, two brothers and a fiancé still missing in the Russian campaign. These people had come a long and hard way to their present commitments. To them, their present values and goals had been beaten out of the furnace of rough experience, deep guilt, and rude disillusionment.

There were men and women on the Board of Directors who had risked their lives and the safety of their families to help Jews leave Germany; fathers and mothers who somehow had to manage teen-age children who were half-starved, and yet who were sharing food with Jews in their homes, while they were being continuously dinned at in school and youth groups to betray such action to the greater glory of Germany. There was the board member who had moved a whole children's home she had directed for years—kids, blankets, pots and pans—from East Germany into West Berlin. She told the kids they were going on a camping trip and pranced right across the border with everything intact. She arrived with

<sup>2</sup> James Tucker Fisher, M.D., *A Few Buttons Missing* (Philadelphia: J. B. Lippincott Co., 1951).

no building and no money, just the kids and what they could carry along in prams and wagons. Then she set right out to develop once again the highly individualized and creative treatment home she had taken years to build up in the present Soviet Zone.

And then there was a delightful and faithful volunteer who longed for the "good old days" of the Prussian monarchy, and acted as if everything that had happened after 1914 was just an unpleasant interlude before things settled down to "normal," with all the pomp and circumstance of Kaiser Wilhelm's day, when she was the ravishing belle of the military balls. There was a man who was a Panzer corps tank driver in North Africa whose war days were a lark because, after driving a tank around for a while in a slap-stick movie-like confusion, he managed (so he told me), with some assistance from himself, to get captured and imprisoned by the Americans, whom he considered exemplary prison guards, and where he had a ball until the end of the war.

There were Jewish men and women who worked devotedly with fellow Germans in Berlin to nourish and support the growing Berlin Chapter of the Conference of Christians and Jews. One woman, I remember particularly, whose entire family and all their possessions had been wiped out in the holocaust, who had returned to Berlin to go through the frustrating and heart-breaking legal tangles over the reparations. She talked informally one night at the supper table, when some of our teen-agers were there. Most German teen-agers must somehow cope themselves with this whole question as they reach adolescence, even though they were babies when it was going on during the Hitler times. She spoke with strong feeling, of course, but somehow, with compassion, too, for what all this would mean to an adolescent who belonged to a country where such a thing had happened. Then she said something that did just exactly what was needed for them at that time—"We can forget," she said, "if we are sure you will never forget."

There was the Quaker woman whose husband was arrested and held with no particular charges in East Germany. She went *every day* for eight years to Communist police headquarters, in East Berlin. She did not know if her husband was alive or not, or even where he was, but she talked quietly and persistently with the police until one day he was released, as suddenly as he had been arrested. People chalk it up to coincidence, to the caprice of the "Eastern" mind, warn of continued danger, but she just says serenely that she believes in "That of God in every man"; that she was fortunate in being able to reach this spark in her husband's captors, and having them see how unfair it was to treat him this way, unless they could prove some charges against him.

Then there were the people who had somehow muddled through the past twenty-five years with a series of lucky breaks and miraculous escapes. One of these men confessed to me that there was only one time in the whole period that he was really terror-stricken. That was when the German navy broke through the British fleet and invaded Norway. "At that moment," he said, "I experienced sheer panic, because I thought that maybe we might win the war. That prospect was more than I could bear." There was the 79-year-old woman who taught me German, who had worked for the German censor's office during the war, and spoke with deep feeling of how beautiful it must be in America—she had read letters from American families to their sons and brothers and husbands who were in German prison camps, telling of the fall in Vermont, spring in Idaho, of the Thanksgiving and Christmas celebrations. She had traveled the highways and byways of the whole United States through these letters.

Another article could be written about the Americans in Berlin, how one's first reaction is to cringe with embarrassment at a great number of one's own countrymen, because somehow it is unbearable not to have every American act like Abraham Lin-

## *Quaker Neighborhood Center in Germany*

coln when he is in Europe. One could write on how it was to be absolutely alone in a strange city, and a strange agency, far away from friends and colleagues, how it is to start from scratch, with no props except whatever insides one can muster, and to do all this with the vocabulary and grammar construction of a five-year-old.

### **QUAKER NEIGHBORHOOD CENTERS**

Immediately after the end of World War II American and British Quakers met with local German Quakers and other concerned Germans and helped to establish seven neighborhood centers throughout Germany, including *Mittelhof* in West Berlin. Unlike the United States, England, and other European countries, the settlement or neighborhood center movement had not caught on in Germany. Before Hitler came into power there were only two such agencies in Germany. Of course, both of them were immediately wiped out by the Nazis, who were not great fans of the private social agencies supported by voluntary citizen efforts.

All the Quaker neighborhood centers began with American or British directors, although the rest of the staff has been indigenous from the beginning. There just weren't any German people with the right training and experience to take over these centers immediately after the end of the war. They were too busy just surviving. Even now, I could see the terrible scars of those past twelve years on present staff—the premature aging, the physical weakness and emotional exhaustion that cannot be cleared away as easily as the rubble of the bombed buildings.

Like any reasonable, self-conscious human endeavor, any place in the world, our neighborhood center was trying desperately to close that awful gap between goals and methods; to figure out somehow how to organize, discipline, and stimulate ourselves to think and act in ways that would be effective. Our hope was to enable our clients—the people who lived in our neighborhood—to help themselves cut down on

some of the human suffering and waste that is the aftermath of the Hitler years and subsequent defeat. For most Berliners, except the ever present refugees, and many of the old people, the raw need for basic food, clothing, and shelter is over. But the Quakers have always believed that they have a responsibility, if they are going to be true "helpers" in this world, not just to feed and clothe people immediately after a catastrophe, but to join them in their own efforts to recover in other ways, too, and become positive forces for change in a world still at the most primitive stages of solving conflict. Sometimes, the Quakers feel, people who have actually participated in and suffered directly from the results of our more primitive ways of solving conflict, are the strongest "leaven" and the best resources in the struggle to find new ways to meet the world's problems.

*Mittelhof* was the last of these Quaker centers to get a German director. It was one of the most complex and difficult of the seven agencies and it did not seem possible to find just the right German person (in terms of knowledge, skills, and attitudes) who was willing to wrestle in lonely splendor with the octopus which is a private neighborhood center in a city with the unique problems of Berlin. I was sent by the American Quakers as a sort of righthand man, administrative and supervisory assistant, depository of gripes and frustrations, partner and hand-holder for a new German director during the difficult transition year. Imagine what this young German woman had to face, with a staff who had held in all the normal free-floating hostility and resistance that any staff has about the boss, for ten long years, for, after all, the bosses were Americans or British who were over here doing good, and you don't act ungrateful with them, and besides that, aren't they putting most of the cash in the kitty?

By now the American Quakers are only furnishing about 20 percent of the budget, as boards, staffs, and constituencies are

strengthened, and the community becomes both economically and psychologically capable of voluntarily supporting a private agency. This process is rather slow in Europe, because of the lack of traditional private voluntary support for welfare services, and the relative lack of citizen participation in planning and carrying out these services. The churches, the governmental bodies, and labor groups have been the traditional providers of social services in Germany, and they are provided in rather rigid categories and groupings, along religious or political lines. It is not so usual for them to serve everyone in a particular geographical area, as a neighborhood center does. Nor do these welfare services have as broad citizen-involving objectives as the usual neighborhood center in this country. In comparing the problems social workers faced in our respective countries, we discovered that they were actually exactly the same—both our clients' problems and problems with ourselves and the general public.

But the problems had different intensities, different manifestations, and we were approaching them in radically different ways. One of my German colleagues said to me, half seriously, half in jest, "We Europeans, because of our longer and more catastrophic history, are basically pessimistic about human behavior and its ability to change. We have a great deal of broad wisdom from this longer, more complicated and destructive history, but we seem to have no energy to apply this wisdom to what we are trying to do. On the other hand, you Americans are basically optimistic, sometimes much too naïvely so. Your social, economic, political history has not discouraged you so much, nor made you so cynical and distrustful of human effort. You have boundless energy and an extreme fascination with the practical approach to problems, but you seem to have very little broad wisdom to support what you do, and very little historical or philosophical perspective to use in thinking about your problems."

#### AGENCY SELF-STUDY—GERMAN STYLE

An agency self-study was initiated during the tenth anniversary year of the neighborhood center, when the changeover to a German director was taking place. The wiser members of the organization were concerned lest the neighborhood centers become calcified. They wanted these ten years, and the ten years to come, to be years of truly creative growth and development, and not just the first year's experience repeated over and over ten times. Now, with prosperity and other material signs of recovery, they were anxious to see how far they had come in the first ten years toward their original goals, goals that were set up in the first exciting, even hopeful days after the war when everyone was eager to rebuild everything—from bombed houses to men's souls.

A small staff and board committee worked on this for five months, based on questions asked from many sides. At the first meeting of that committee, in which I participated—perhaps too eagerly and too critically—the inevitable resistance to self-study rose up in a potshot at me. Then I recalled something a European had once said to me. "You Americans are just impossible," he said, exasperated. "Everytime you face a problem, whether it is how to sell more radios, or prevent the divorce rate from going any higher, or prevent juvenile delinquency, you very quickly appoint a committee, or organize a workshop and get very busy doing what you call *solving* the problem. We Europeans are actually much more realistic and practical than you are. We see a great deal of life as simply a comedy or a tragedy, and let it go at that. We don't waste endless hours talking in generalities in committee meetings about what life should be like. This gives us much more time to play nice neat little Mozart trios with each other."

Well, in between the Mozart trios, which gave a certain flair to social work not often found in American agencies, we did get

*Social Work*

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## Quaker Neighborhood Center in Germany

down to some other things. There were long hours of devoted effort by the staff, board and volunteers in these other things, too, in spite of their understandable aversion to committees in the American pattern, and their understandable suspicion of the rather slick and technical approach of the American social worker. In the first years after the war, the Americans, in a hasty effort to "teach democracy," went overboard with the Madison Avenue approach. We dined at the Germans with the words and framework and outside structure of democracy, but we did not do so well when it came to demonstrating and communicating the slow and untidy *process* of democracy. We did not acknowledge that it was the most subtle and difficult of the social systems to make work, or that it might have to have some different approaches in a European culture, and might take the German some time to work through the various stages just as we had, although we had much more favorable circumstances under which to learn and perfect it. One Quaker remarked that the word "democracy" shouldn't be let out without a keeper. It shouldn't be let out without a keeper over here either—a keeper who knows exactly the sort of an animal he is handling!

### OBJECTIVES AND PROGRAM

Here, in quite loose translation, are the objectives this first group of German Quakers set up for themselves during that first year right after the war:

1. It is the purpose of this organization to attempt to break down conflicts and ignorance among people by playing the role of intermediary between people of different backgrounds and opinions, with special emphasis on East-West relationships.

2. It is the purpose of this organization to help people get rid of the terrible sense of isolation and to develop within themselves a feeling of their own individual importance within a civilization that seems to draw them more and more into the anonymity of a mass.

3. It is the purpose of this organization to stimulate people to develop skills in doing their own thinking and taking their own action, on the basis of human principles, to meet their own problems—those at home, in their immediate neighborhoods, and those in the wider community.

These are quite complicated objectives, and not unfamiliar ones to American social workers. They were found to be just as pertinent 12 years after the war. I found them to be just as pertinent for Detroit, U.S.A., as for Berlin, Germany!

How did we go about, in the day-to-day work, taking some baby steps toward these objectives? It is interesting to note that the first services, in the terrible winter of 1947, were those of a laundry and shoe repair shop. In the chaos that was Berlin, a place to get clean and a place to make and repair shoes was one of the first ways to be of significant help. No one needed to make any speeches about the theory of starting where the client is. Then the center provided a warming room, a library, a meeting place for social services, a place to hold the concerts and lectures so dear to the European, a place where controversial issues could be identified and discussed, where news of the outside world that had been a twelve-year blank to them could be brought in. Here, in Berlin, was one of the first places where *all* kinds of groups, people from all kinds of backgrounds could come together. *Mittelhof* means Middle Place—it was purposely organized to cut across the earlier tradition of stratified groups in the community. In these former groups a man's religion, his political party, and his level of education were often his first identity, before anything else was known about him; on these he was judged and "placed" in the community. They became barriers that kept him always with other people of his own group.

Gradually, the traditional program of the neighborhood center emerged. Literally, it became the living room of a painfully overcrowded neighborhood, a place for all ages,

all groups, all interests. Individual referral services developed. As Germany's elaborate and comprehensive social welfare services came back into shape, the Quakers found themselves helping many of the old people, the war widows, the people who had lost property in the bombing to thread their way through the intricacies of the law, and to cope with the necessary mass-production atmosphere of the big public welfare offices. The local child guidance clinic referred some of its children for special group services. An international kindergarten emerged, with a mixture of local neighborhood German children, GI American, British consulate, and Danish children. It was a definite effort to bring German youngsters into contact with other children early in their lives.

Teen-age groups thrived—*avant-garde* poetry groups, jazz groups, political discussion groups, just plain horsing-around groups. I had an English discussion group of teen-agers. They were all delighted to learn what they called "American," in a kind of flight from their own impeccable Oxford accents that always made me feel like a crashing boor every time I opened my mouth!

There were two refugee camps right near us. We were a half-mile from the Soviet Zone border. There were children in those camps who had been born there and were already in school. German children have crushing loads of homework, and these children had it to do in huge barracks rooms with triple-decker beds and no tables and chairs in them. We had two devoted volunteers who brought small groups of these kids to their own homes, and to our house, and helped them with their homework, tutored them in the things they had missed in their wanderings, gave them some sense of what life could be like in a house, or a place that was not so eternally mass-oriented. There were two groups of refugee women, one from each camp. One group used raw materials sent from the States to sew and

knit for the other refugee camp. In *that* camp there was a group who did the same for the first camp I mentioned. Somehow it seemed better than to do it for oneself, to feel that there was someone else who needed help.

There was a lovely big old garden, with a small pond about six feet across. We used to fill this pond in the summer heat, and the kids from the neighborhood would wander in, most of them sauntering up the street stark naked, their little fish-like bodies glistening in the sun, completely natural and unconcerned.

The lonely old people who seem to symbolize Berlin today were a heavy part of our program. We fed many of them their noon meal, that is, for two weeks at a time. After these two weeks, they had to return to their own meager resources, to make room for another group to have two weeks of decent meals in pleasant surroundings. After they ate, they would sun themselves in the garden, or read in our library. To many of them this touch of gracious living was a highlight in long stretches of drab life in basement and attic rooms, some still lit by candles. We fed university students, too, many of them East German students attending the Free University of Berlin not far from us. We had many guests from East Germany who came to our house to rest for a few days, to live in a different atmosphere for a while and renew contacts with family and friends from the West. We had a convalescent program for mothers from all over Berlin. They came to lie in our garden all wrapped up in blankets in steamer chairs, with cozy hot water bottles at their feet, just like they were taking the "Kur" at Baden-Baden, a ritual dear to the hearts of Europeans. They were served tea by the staff, and could get away, for a few hours at least, from life in a refugee camp, or a neighborhood still heavily damaged, or the bleak and lonely job of raising their children alone on a minute pension.

Political parties held their meetings in

*Social Work*

## *Quaker Neighborhood Center in Germany*

our house, and local artists showed their paintings in the teen-age rumpus room. There were international work camps, on weekends during the winter, and for eight weeks in the summer, when students came together from all over the world and lived at Mittelhof, or in some other central place in Berlin. Every morning they started off in a parade of whitewash buckets, wall paper and paint, to tackle some of the awful basement and attic rooms of the old people in the neighborhood. They scraped, painted, wallpapered, laid new linoleum, cleaned, repaired. In the evenings they would have informal recreational parties for the old people and the other families in the neighborhood, with dancing and singing and games.

Sometimes the young people took trips, to France, to England, or entertained groups from other countries in international seminars. Here they spent two weeks living together at the house, with some of the political and social science experts of Europe, hammering out their ideas about such knotty problems as reunification for Germany, the European Union, East-West conflicts, national sovereignty and the need for world government, the individual's social responsibility in today's world.

All this was done with a much too small a staff, and much too small a group of volunteers and supporters. Germany does not have the tradition of voluntary community chest giving and voluntary community services known in America. Even in America, in an atmosphere of expected citizen participation, we know all too well how hard it is to involve people to the extent that it is needed. There is no specific training for workers of this sort. Although they have excellent training programs in various aspects of education and youth work, and various applications of the social welfare law, there does not seem to be any educational program that in-

tegrates the casework, group work, and community organization knowledge and skill in a way that is directly applicable to a German neighborhood center project. Our imported knowledge and skill can be somewhat helpful but unless it is discussed, thought through, adapted by the German workers themselves, it can only serve to irritate or confuse them. People in these neighborhood centers are making valiant efforts to pull themselves up by their own bootstraps, to make their daily efforts have some effect in reaching their goals, but it is hard sledding, and the workers feel so very much alone.

### **BRIDGE OR BATTLEGROUND**

Without that faint and elusive insinuation of promise which is the American heritage, the German neighborhood center worker struggles against the misuse of power and false stratification in so many areas of human relationships, and the people's acceptance of it. We struggle with these same problems here, too, but behind us is a history of a successful revolution and forces for change and progress that actually succeeded. Germany has never had a successful revolution, even though there were great forces for change and liberalism there, in 1848, and again during the Weimar Republic days. In those periods really important developments seemed to be on the way, but Germany sprang almost directly from a feudal, authoritarian world into a twentieth-century structure that demanded citizen participation, and a unity that just was not possible in time to support and man a democracy that died a-borning.

In the next few years, Germany will no doubt become either a bridge or another battleground. It lies in the center of one of the biggest areas of tension and conflict in our times. Certainly Mittelhof symbolizes, as well as nurtures, the forces that could make it a bridge.

BY WILLIAM S. BERNARD

## *American Immigration Policy in the Era of the Dispossessed*

THE TWENTIETH CENTURY is the Era of the Dispossessed. Never before in modern history, and rarely in the past, have there been so many human beings torn from their roots and thrust out into the uncertainties of an alien world. Some have fled for their very lives, some for persecution or the threat of it. Others have been kidnapped as slave labor, or forcibly expelled as a no-longer-wanted element of the population. Still others have been driven from their homelands by natural catastrophes or economic adversity that makes them "surplus population," an odious term that should be confined to the Scrooges of this life rather than those whom they detract.

All of these people—call them refugees, escapees, expellees, or displaced persons—have been dispossessed. All of them have been transplanted. All of them have to be resettled and readjusted to a new way of life. And all of them are, or should be, a concern of men and women of good will who would promote the common welfare of mankind.

Thus it is that both the refugee and the voluntary immigrant, who have left their homelands for different reasons but who

need much the same help in accommodating to a new land, should be of special interest to those who seek to serve the social welfare professionally. And one of the factors affecting the newcomer most intimately and with serious implications for the field of social welfare, is the immigration law under which he is admitted to the United States. Not only admitted, it must be added, but in many respects governed and regulated afterward, perhaps for life.

The immigration law, as almost everyone is aware, is the McCarran-Walter Act of 1952, a successor of the earlier immigration laws of the 1920's and an inheritor of their vices, to which it has added interesting new ones. Not all of the act is bad, of course. There are a number of good features that take into equitable account the interests of our country and the immigrant regulated by the law. But there are, unfortunately, a number of basic flaws which, it is argued here, run counter to those interests from the social welfare standpoint. A few of them will be examined in this article.

### ORIGINS OF THE QUOTA

The first implication in the act of significance to social welfare is that by its terms, our Constitution notwithstanding, all men are not created equal. In the eyes of the National Origins system, which is embedded in the law, Kipling was right in his slighting reference to the "lesser breeds without the Law." For the concept of National Origins determines the size of the quotas

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## *American Immigration Policy*

allocated to the various countries of the world. And since the countries of northern and western Europe receive some 82 percent of the total annual quota, it is obvious that National Origins accords them superior status. Conversely, southern and eastern Europeans, Asiatics, Africans, inhabitants of Oceania, and natives of foreign possessions in the Western hemisphere are inferior, receiving the scanty and token quotas remaining.

The National Origins plan pretends to rest on the theory that it will preserve the ethnic composition of American society as it was in 1920, and that this composition was good. It implicitly adds that to alter it would be to err perilously, for alteration could only result in dilution by dangerous, inferior, and "unassimilable" peoples, by groups who do not "fuse" easily.

All of this, to put it bluntly, is scientific balderdash. No one has ever been able to establish that one race, nationality, or ethnic group was in any way inherently superior or inferior to another. Quite to the contrary, anthropologists, psychologists, and sociologists all hold that each group is innately the equal of the other, possessing the same potentialities for good and evil, success and failure, civilization and barbarism, genius and idiocy, happiness and sorrow. Education, opportunity, experience, their respective cultures, all differentiate them and vary their response patterns. But at heart they are much the same. To illustrate concretely, Bulgarians can make just as good and just as successful citizens of the United States as can Scandinavians.

One group may take more or less time than the others to adjust to a new environment, although this is not significant, for there are vaster differences among individuals in the same group than between two groups. But given sufficient time and help, all groups can be integrated satisfactorily into the American community—as our international institutes, social service agencies working exclusively in this area,

know so well. The really important factor in integration is not a man's nationality as such. It is the cultural factors that have molded him, such as the degree of his education, the particular occupation he follows, his economic status and so on.

Furthermore, the National Origins theory is wrong in holding that the ethnic composition of the country can be pegged to a particular pattern. We were not the same in 1920 as in 1890, let alone in 1776 or the 1600's. And we are not the same in 1959 as we were in 1920. Nonquota immigrants have entered regularly and helped to change the balance. Yearning for a fond and dimly remembered Protestant, Anglo-Saxon, rural, un-neurotic, monolithic culture is nostalgic nonsense and is itself a psychotic baying at the moon.

What has this to do with the individual immigrant? And with the welfare of our country? Much. Any law that arbitrarily admits one man because of alleged superiority, excluding another because of alleged inferiority, squares completely with the Hitleresque theories of racism that spewed crematory gas into the air and precipitated World War II. It puts an unreasonable burden of proof of his worth upon the "superior" man. It cruelly marks out the "inferior" man. And it deprives our own society of that essential cultural admixture created only by diversity of types and kinds of immigrants, which is the indispensable precondition to a dynamic as well as free way of life.

The welfare of our country demands that in a time when native peoples all over the world are groping toward freedom and becoming confronted with the blandishments of Communism we of the free world should admit that all peoples are equal. The McCarran-Walter Act does not do this. It could be done by abolishing quotas based on National Origins and substituting categories for relatives, persons fleeing persecution or catastrophes, persons whose knowledge or skills would be useful to the United States, persons who have served our nation

effectively in war or peace, orphans, "new seed" immigrants and perhaps others.

### NUMBER OF IMMIGRANTS ALLOWED

Correlated with the National Origins feature of the law is another provision of deep social significance: the total numbers permitted entrance. Granted that each year the nonquota immigrants admitted swell the total, it is contended in this analysis that the basic number of quota immigrants admissible is far too small. We know today that we cannot go back to unlimited immigration, and there are few serious students of the problem who would propose to do so. But in our economy, the vaunted American economy, must we restrict quota admissions to the present figure of approximately 155,000? Are we so near the economic abyss that twice or three times that number would surely push us over the brim? Have we so little confidence in our resources and our ability to develop them that we must keep the inflow down?

It is well known that America lacks many skills which only immigrants can provide; that new hands do not take jobs away from the native-born but create them, consuming more goods and producing more wealth; that labor itself has changed its historic attitude and would welcome more newcomers. (As far as depressions are concerned, we have adequate administrative devices in the basic law by which immigration could be reduced if need be. Moreover, in such periods immigration has always proved to be self-regulating.)

What number of quota immigrants should be admitted? Suggestions vary from 250,000 to 2,000,000. A study could be made to determine a reasonable number, although conditions and needs fluctuate. Certainly it is not beyond our power to set up a flexible process, adjusting it upward or downward within fixed limits. An increase could be achieved even within the framework of the present quota system simply by quota pooling so that numbers unused by one country would not be lost

to others. More people, in any case, would be a social asset and not a detriment.

### THREAT OF DEPORTATION

If it is socially expedient to bring more people to the United States, and on a humane and realistic basis of selection, it is equally expedient to allow them to stay if they meet with reasonable standards of behavior. Their capricious or arbitrary deportation should be resisted. This not only because of the effect on the individual immigrant concerned, but because it can frequently produce family disruption, and the interests of American-born spouses and children may be involved.

Under the present immigration law deportation of an alien may take place for various reasons even if that alien had been brought to this country as a babe in arms, had spent all his life, practically speaking, in the United States, and was completely American in both his social and antisocial behavior. Unlike the native American guilty of a much worse offense, the alien's punishment may not be jail or fine, but expulsion. Deportation when so used is tantamount to the order of exile commanded by royal fiat in the Middle Ages.

The heart of our legal system is the common law. And the common law is the repository of hard-won wisdom and experience accumulated in the tough school of trial and error. What has worked out well as a rule or principle to follow in human relations has generally found its way in time into the common law. One such procedural device, for instance, is the statute of limitations.

This is the rule that outlaws trials long after the action upon which they are based. It prevents a man from being brought before the bar of justice for misdeeds or other actionable causes after varying periods of time have run out, sometimes three, five, or seven years. The social wisdom of the statute is obvious; a person is needlessly jeopardized, his rights are seriously impaired if he can be called to account years

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## *American Immigration Policy*

later when it is difficult or impossible to round up the needed witnesses or amass the necessary evidence for his defense.

In the case of the alien, however, the Damoclean threat of deportation is never removed. The statute of limitations does not apply to deportation proceedings. Again the alien is a man apart. The statute could be written into the law, of course. And other easements could be properly introduced, such as suspension of deportation if an alien has had good moral character for a period of, say, five years, or if his departure could cause serious harm to a citizen or previously admitted alien spouse or child. These things could be done if the concept of social welfare in the broadest and truest sense were the touchstone of our immigration law.

### **SECOND-CLASS CITIZENS**

Not only is the alien made to feel a man apart, however—with all that that implies for his psychology and his behavior. So is the naturalized citizen, who in too many respects has been made a second-class citizen by our law—a second-class citizen because he is exposed to many more threats of loss of citizenship than the native-born. The term "naturalization" was intended to connote "a making natural," and "a conferring of natural or native status." When the process was originally provided for in our law, the alien was meant to be given the same status as a native-born citizen, except, as noted above, for eligibility to the Presidency of the United States. The McCarran-Walter Act, however, certainly does not confer equivalent status, and the naturalized citizen is in a most unnatural situation.

A number of different acts such as voting in a foreign election, taking office in a foreign government, service in a foreign army cause loss of citizenship for native and foreign born alike. Residence in the country of his birth for three years or anywhere else for five years, causes loss of citizenship for naturalized persons. The point need not be labored with persons interested in human welfare that loss of citizenship can

mean broken homes, disrupted families and personal disorganization particularly when the denaturalized citizen is forced to leave the country and his or her citizen spouse and children cannot go along.

Few would oppose revocation of citizenship obtained by actual fraud at the time of naturalization, as, for example, the concealment of subversion or other disqualifying conduct that had occurred prior to naturalization. But there are often extenuating grounds for voting in a foreign election; a man may wish to take a temporary job for a foreign government; service in a foreign army may be unavoidable—or emulating Lafayette, who was *not* expatriated by France for his help to us, he may wish to aid the cause of freedom on some foreign soil; or residence in some other country for longer than the now allotted periods may be professionally necessary. These acts need not be productive of loss of citizenship.

It is herewith contended that native-born and naturalized citizen alike should be expatriated only for acts clearly expressing and intending renunciation, such as obtaining a foreign nationality or attempting to overthrow the government by force of arms; and, in the case of the naturalized citizen, if he had fraudulently been awarded citizenship. Even there, perhaps a statute of limitations should apply if his subsequent behavior has been satisfactory.

### **OTHER DEFICIENCIES**

In passing, it is well to note that there are other areas of the existing law that could be changed in order to promote family reunion and family welfare. Nonquota status could be given to the parents of citizens, to orphans adopted by Americans, and to orphans coming to be adopted. Nonquota status or, if that is deemed too generous, at least high preference status within the quotas could be given to the brothers and sisters and adult children of United States citizens. Preference status could also be extended to the fathers and mothers of alien residents of the United States.

True, some of the above recommendations have been adopted, but only temporarily. So many private bills were being introduced to make exceptions in behalf of various relatives otherwise ineligible or unable to obtain visas in the foreseeable future, Congress had to act in self-defense. Various exceptions were granted certain "hardship" cases in the act of September 11, 1957. But time limits are set in most instances, and after a fixed date the exceptions will cease to apply. Thus the basic law will remain its obdurate self.

### LACK OF APPEAL MACHINERY

Still another aspect of our immigration law that impinges directly, and adversely, on the welfare of the individual and thus on society also is its lack of adequate and proper appeal machinery. The man who is subject without recourse to the whims, caprices, arbitrariness, or even honest but irrevocable errors of an immigration official is a man whose life can be altered beyond repair, and that of his family as well.

There is a Board of Immigration Appeal, to be sure. And it hears various kinds of cases that are brought before it; among the most controverted normally being those involving orders of deportation. But the board is not free. It is not an independent agency. It was established by an order of the Attorney General that could be revoked at any time. Since the Immigration and Naturalization Service is also under the jurisdiction of the Attorney General, the bureau is in effect part of the very organization whose decisions it is supposed to review. Even presupposing complete freedom of the board from intradepartmental pressure this setup is unwise administratively and unhealthy in principle.

It is to be stressed, further, that this board has nothing whatsoever to do with the issuance of visas. That process is vested in the Visa Office of the State Department and in the various American consuls throughout the world—and that process is also of significance to the social welfare of our country

since aliens desiring to come to the United States to join relatives must resort to it.

In this connection, one of the least known but most baneful features of the McCarran-Walter Act is that under it there is no appeal possible from a consular denial of visa. If the consul turns down an alien, however erroneously, there is nothing that can be done about it. By law no individual or agency in government can reverse him. But if he issues a visa his action can be questioned by the United States Immigration and Naturalization Service and if need be reversed. The weight of the process again is against the foreigner.

The justification advanced for this dichotomy of procedure is that no alien not admitted to the United States has any rights in the United States. He has not, as a matter of right, the relief available to a citizen or resident alien. Perhaps this position is legally unassailable. It has often been construed, however, by critics in other countries as a rationalization covering an underlying xenophobia.

This lack of appeal machinery in the law has been made possible by the fact that the McCarran-Walter Act excludes applicability of the Administrative Procedure Act to almost all its provisions. The Administrative Procedure Act is supposed to assure fair and equitable procedure by all federal regulatory agencies. And that is the case—with the exception of the immigration law. Why? Why only the immigration law to be exempt from the appellate controls thought necessary safeguards to other areas of administrative responsibility? Concern for human welfare should dictate that especially and particularly the immigration law ought to provide for appellate procedure, because the immigration law deals with and is regulated by people, not lumps of brick.

As it is, the Board of Immigration Appeals is the only appeal machinery in the whole immigration system, and its decisions are not binding. They have the status of mere recommendations to the Attorney General who may act as he sees fit. The only way the act provides for challenging



## *American Immigration Policy*

his decisions is by obtaining a writ of habeas corpus available in only certain instances and then only when an alien is in actual physical detention.

All in all, on this point, the lack of proper appeal, as on so many others, the act falls down. It places certain individuals in needless fear and anxiety, has produced mental stress and psychological trauma, and has prevented the reunion or compelled the separation of family groups. That it also has united some groups is a divine dispensation that is not sufficiently compensatory.

### **EXPERIENCE WITH RECENT REFUGEES**

Perhaps the most dramatic illustration of the law's shortcomings with consequent ill effects on human beings is the whole history of how we have dealt with refugees in this Era of the Dispossessed. At the close of World War II, more than 12,000,000 people had been forcibly uprooted by Hitler and carried off to Germany as slave labor. When freed at last, most of them were repatriated, but better than a million displaced persons could not go home, because their lands had been overrun by a new conqueror, the Soviet army, and they were now behind the infamous Iron Curtain.

Turning them loose on the shattered economy of Central Europe was no solution, nor could they be kept in camps forever. Resettlement overseas was the only answer and the United States was looked to to do its share. But this was far from easy to effect because of our quota laws. The displaced persons had been in precisely those countries with the smallest quotas—quotas, moreover, that were oversubscribed and with waiting lists for years to come. Our immigration law was not geared for emergencies; the golden door that Emma Lazarus immortalized was actually more of an iron gate.

The only thing that could be done was to pass special legislation to admit our "fair share" of the DP's, or Delayed Pilgrims, as this writer christened them in

1948. Over 300,000 DP's were finally admitted, but even then the restrictionists and isolationists exacted their price. The future quotas of the countries of origin of the DP's were "mortgaged" by 50 percent to pay off for those admitted under the Displaced Persons Act—in some cases beyond the year 2,000. This meant, for example, that in order to "pay" for the emergency visas given to Estonian DP's, the Estonian quota of 116 was cut in half and reduced to 58 per year until the score had been evened. A helping hand was given the DP's who certainly needed it. But at the time a rude and niggardly gesture was given the Estonian and similar small quota immigrants of the future. Not until 1957 was the mortgaging finally abolished.

Unfortunately, the refugee problem was not liquidated with the resettlement of Hitler's Displaced Persons. As time passed and the Communists revealed to their conquered and satellite peoples that Big Brother was as harsh and evil an oppressor as Hitler had been, men and women began to flee through the occasional rents in the Iron Curtain. Before we knew it, a new refugee problem had been created—and for them, too, resettlement had to be found.

Again the United States was looked to to do its share and again our basic immigration law was tried and found wanting. Quotas were quotas, and not an amelioration of human misery. Another special dispensation was the only answer, and so the Refugee Relief Act of 1953 came into being.

Unlike the D. P. Act it did not mortgage future quotas, refugees coming in under it being given nonquota visas. This act had its own full complement of flaws, however. It had its own quota categories, not mutually interchangeable. It was cumbersome and hard to administer, replete with needless safeguards and precautions. The only modification in its original scope was made when it was finally amended to admit relatives of Americans who were so-called "surplus population." About 190,000 people, roughly half of whom were refugees, entered

the U. S. under this act (the total admissible was 209,000) before it expired on December 31, 1956.

### REFUGEES FROM HUNGARY

The act expired, but the refugee crisis did not. As the whole world knows it became more acute with the betrayal of the Hungarian revolt driving 200,000 Hungarians out of their native land in 1956 and 1957, most of them to Austria. Austria could not possibly absorb more than 30,000, considering the state of her own economy and the presence of 150,000 previous refugees. The Hungarians had to be moved out of Austria at once.

The free nations responded generously to this crisis and France, Great Britain, Belgium, Holland, Switzerland, the Scandinavian countries, Canada, Australia, all took as many as they could. The United States, obviously, wanted to do likewise and in fact could not afford to stand aside. But yet again the inflexibility of our basic immigration law was a barrier.

The result was that the President made use of a little-known loophole in the law, and one intended to provide for isolated and special cases, not groups. He admitted the Hungarians on "parole," a status which was anomalous and equivocal. Some 30,000 Hungarian refugees were physically in the United States but not legally in as permanently admitted immigrants. This meant that their status had eventually to be adjusted by special legislation, unless they were all to be sent packing one day. Such legislation was not passed until July 1958.

It is clear that we had to do what we could for the Hungarians. It is equally clear that their status for months, and in many cases for a year and a half, was unsatisfactory, a disservice to them and to us. They could not begin to make the proper kind of adjustment to a new life until they knew how and under what terms they were to remain—if they were to. They could not begin to take proper interest in their sur-

roundings, learn what their communities were like, or acquaint themselves with our vast array of social and industrial resources. They could not, in short, become firmly integrated into our social pattern.

Moreover, they were brought here so quickly that they had no time to be oriented or prepared, not even for recognition of the fact that they were refugees. Tragic as refugee status is and debilitating though prolonged life in camps can be, it is evident that a certain period of time intervening between the old life and the new, a refugee interval so to speak, does act as a transition. It affords a chance to readjust one's goals, to come to grips with one's emotions, to absorb the shock and sorrow of departure, to begin to look toward the future.

This, the Hungarians who came here so quickly never had to any appreciable extent. They were popped on to planes, sped across the Atlantic, debarked at Kilmer and rushed out as soon as possible to waiting friends and relatives. It is surprising, indeed, how well they have adjusted, and how little resettlement has been necessitated. This is possibly because they were a pretty select group—young, with good skills and professions, and courageous enough to have turned their backs on Communism and elect a new life in the free world. With another and different refugee group the speed of their transplantation might be more hazardous.

All of these problems inhere in a crash program that had to be improvised and in which the varying roles of government, the voluntary agencies, the refugee and his sponsor were not always clearly or functionally demarcated. But to top it all the refugees' status was vague and questionable.

### NEEDED: MAJOR OVERHAUL

Now, even though a law has been passed validating their admission, time has been lost, all because our basic law is not flexible enough and is not based upon a core of social wisdom. Instead it is based upon suspicion and distrust. It is based upon the

## *American Immigration Policy*

feeling that some people are better than others and that all foreigners may turn out to be pretty shabby characters if we aren't careful. The burden of proof is always on them. The law is shot through with the psychology of the prison guard.

This need not be. The United States can have an immigration law that fully protects us against undesirables and subversives, that guards our economic and political interests, and that sets standards of health and character for admissibility. At the same time we can have a law that is without discrimination; that is flexible, humane and just; that can operate effectively in world emergencies; and that serves both our own enlightened self-interest and that of the free world.

Immigration policy as expressed in law has an effect on human lives, a direct and compelling congruity with human welfare. In the broadest sense, therefore, immigration policy is welfare policy, for ourselves as well as others. Attempts have been made to improve this policy by amending the basic law and from time to time certain repairs have been effected and definite gains achieved. But by and large it has been a patchwork process and not the major overhaul really required. We need and must vigorously work for wise and humane immigration policies, not only and not merely to offset Communist propaganda against us, but especially because in and of themselves they are socially expedient and morally right.

### ***Medical Social Work Fellowships in Public Health***

Three public health agencies announce fellowships of \$2,500 in collaboration with the United States Children's Bureau and the following five schools of social work. Fellowships are available to citizens of the United States and its territories who have successfully completed one year of graduate work in an accredited school of social work and who are interested in a social work career in a public health or public medical care program.

Applications and requests for specific requirements of each training project should be made to the dean of the following schools of social work not later than *April 15, 1959*:

Boston College, School of Social Work, Boston, Massachusetts

Boston University, School of Social Work, Boston, Massachusetts

Simmons College, School of Social Work, Boston, Massachusetts

Tulane University, School of Social Work, New Orleans 18, Louisiana

University of California,\* School of Social Welfare, Berkeley 4, California

\* Offers, in addition, \$3,600 fellowships for a year of supervised practice in a public health department for new graduates or social workers in practice who have a master's degree.

BY GRACE L. COYLE

## *Group Work in Psychiatric Settings: Its Roots and Branches*

THIS PAPER UNDERTAKES to trace the development of group work as it is being used for distinctly therapeutic purposes. Although it is always difficult to set a definite date for a beginning—since the past always runs into the present and the present gives promise of what is to come—this historical presentation will be considered in three periods. First will come the period in which group work services developed in various therapeutic settings, approximately the period of the last twenty years. Then we shall flashback by discussing the developments in group work immediately preceding this branching off into therapeutic settings. Finally, we shall return to the present in terms of what seem to be the crucial questions for the field.

We know that some experimentation in the use of groups appeared very early in some of the agencies that later developed group work. As Gisela Konopka reports, Hull House had a group—apparently with some success—for youthful drug addicts in 1909 and also experimented with housing groups of the mentally ill.<sup>1</sup> We have some account of the group work done in Illinois beginning first in Chicago State Hospital in 1918 and discontinued two years later. Further attempts are reported in the introduction of a recreation program carried on by

group work methods by the Illinois Institute for Juvenile Research in 1929 in the Lincoln State School and Colony for Mental Defectives.<sup>2</sup> The use of group play for therapeutic purposes in the Children's Memorial Hospital in Chicago was well established by 1935 and was considered by those responsible as an illustration of group work.<sup>3</sup> Further research would no doubt reveal many more such instances of the use of groups or recreational activities by leisure-time agencies for those seen as needing treatment. Still more probably could be found in the institutions for those defined in the early days of social work as the dependent, delinquent, and defective and in the hospitals for the mentally ill.

For our purposes here, however, we are excluding these activities in our historical survey either because they developed before group work as a method had been defined, or because they proved abortive and did not continue as a part of the ongoing movement. Since the subject here is limited to the history of social group work in therapeutic settings, I shall set its starting date as 1938 which marks the first time to my knowledge in which a person with defined group work purposes and skill undertook to use them in hospital and clinic settings.

<sup>1</sup> Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting," in Harleigh B. Trecker, ed., *Group Work in the Psychiatric Setting* (New York: Whiteside Inc. and William Morrow & Company, 1956), p. 16.

<sup>2</sup> Neva L. Boyd, "Group Work Experiments in State Institutions in Illinois," *Proceedings of the National Conference of Social Work, 1935* (Chicago: University of Chicago Press, 1935), pp. 339-345.

<sup>3</sup> Anne Smith, "Group Play in a Hospital Environment," *Proceedings of the National Conference of Social Work, 1935* (Chicago: University of Chicago Press, 1935), pp. 346-352.

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## Group Work in Psychiatric Settings

### THE BRANCHING PERIOD: 1938-1955

The faculty of the University of Pittsburgh in 1938 found the Pittsburgh Child Guidance Center the most receptive agency to the idea of doing some experimenting for demonstration purposes. After two years of discussion, this developed into a plan for using the Pittsburgh Guidance Center as a field work placement for a group work student. The student was after graduation then employed by the Guidance Center as a full-time member of the staff. A few years later, a unit of group work students was established in the Veterans Hospital at Aspinwall. This was a medical rather than a psychiatric setting although there was a neuropsychiatric ward. We see here the relation of the schools of social work to this new development which was to characterize several other instances. Perhaps one of its most important contributions to the whole field was the production of a few practitioners who were equipped as they went elsewhere to start similar work.

In Detroit in the early forties, a somewhat different set of circumstances led to a similar use of group work for therapeutic purposes. In 1942, a faculty member at the School of Social Work at Wayne University initiated a project in various agencies in the community for small groups of emotionally disturbed children who needed more specialized service than the regular agency could provide. The Detroit Group Project aimed primarily at providing diagnostic service by the use of groups led by specially trained group workers. Their purpose was based in part on the limitations that had been revealed in attempted interviews with such children and in the earlier use of the play therapy interview. Within the freer and less threatening setting of a group of their peers led by a nonauthoritarian group worker, much was revealed that could provide the basis for therapy.<sup>4</sup>

<sup>4</sup> Fritz Redl, "Diagnostic Group Work," *American Journal of Orthopsychiatry*, Vol. 14, No. 1 (January 1944), pp. 53-67.

To these weekly club groups were added a camp for such children operated in the period 1944-47 and for a short period beginning in 1946 a residential project, Pioneer House, with a small group of "children who hate."<sup>5</sup>

In Cleveland, also, this branch began to bud. Here the first request for such service came in 1945, in a telephone call to the Western Reserve School of Applied Social Sciences from the associate director of the State Hospital for the Mentally Ill asking for help in obtaining a group worker. A part-time worker from a nearby settlement started the program and then in 1946 undertook the responsibility for developing group work there. In this early stage there was much confusion as to what and why he was there. What was his relation to the recreation program? How was he related to the caseworkers? What did the administration expect of him? The answers to these and other questions came slowly and at times painfully, but as time went on the pattern began to appear.<sup>6</sup> The ability to work with the group in accepting and stimulating ways, the need of careful selection of program activities, the necessity to understand the dynamics of the individual and his illness, all became clearer.

From this experience the use of group work in Cleveland spread to the psychiatric wards of Crile Veterans Hospital and to the University Hospitals where, with the help of funds from the National Institute of Mental Health, a group worker was introduced to work in children's wards and in the small psychiatric ward. The idea spread in time to the Child Guidance Clinic in 1952 where a first group worker and then later a second group worker were employed. Meantime, the educational program within the School of Applied Social Sciences had broadened to provide field placements in the second year in hospital and clinic set-

<sup>5</sup> Fritz Redl and David Wineman, *Children Who Hate* (Glencoe, Ill.: The Free Press, 1951).

<sup>6</sup> Raymond Fisher, "Contribution of Group Work in Psychiatric Hospitals," *The Group*, Vol. 12, No. 1 (November 1949), pp. 3-11.

tings and the demand for graduates so trained had grown far beyond the school's capacity to supply them.

At about the same time, the New York School of Social Work began to develop field work in a project undertaken jointly with the Community Service Society of New York. A group of children who showed serious problems in their adjustment in school and with their peers was selected by caseworkers from families under treatment. A group work student was assigned to work in close collaboration with the caseworkers and with consultation from a psychiatrist. This group was carried for three years by group work students. In the third year, the group was transferred to a neighborhood center and again was led by a group work student at about the same time the school was working closely with the Jewish Board of Guardians in connection with their group therapy program and their camp for disturbed children. Other field work training centers were used in clinics, a rehabilitation center for ex-patients of a mental hospital, a detention home for delinquent children, and St. Albans Naval Hospital.

From these early experiments, group work of this sort spread to a number of communities. The University of Minnesota in 1947 worked with The Amherst Wilder Clinic in St. Paul, to establish a group work program. In 1949 the Menninger Clinic added a group worker to its staff in the Adult Psychiatry Department and another in 1952 in the Child Psychiatry Department. Various private psychiatric hospitals as well as state institutions and veterans' hospitals began to try to get group workers. Among those that have developed a group work program since 1950 are the Norton General Hospital in the Louisville Area, the Yale Psychiatric Clinic in New Haven, and the Hillside Hospital, a private hospital in New York which now employs seven full-time social group workers as well as providing training for students from several schools of social work. The spread of this service since the forties seems in fact limited pri-

marily by the inability of the schools to turn out enough workers to meet the demand. It is only possible to indicate in these examples the situation from which the branches grew.

Another development needs mention as significant within this twenty-year period. By the mid-1940's interest had risen to the point where papers were being written, panels organized, and exchange of experience promoted at the national level. This is evidenced by the programs of the National Conference of Social Work, the discussions at meetings of the American Association of Orthopsychiatry, and articles in a variety of journals. All these are proof that the sprouts had grown to recognizable heights and were showing vigor. The first formulations of some of the problems had begun to make their appearance although the answers were—and are—yet to come.

These developments received both recognition and impetus from the first conference on the subject of group work in psychiatric settings in 1955.<sup>7</sup> This was a five-day institute called under the auspices of the American Association of Group Workers and financed by a grant from the National Institute of Mental Health. Forty-five group work practitioners, faculty members, and specialists in mental health came together to share experience and to try to provide the guide posts for next steps. It was the most significant milestone in this development until the meeting held in East Lansing in June 1958 under the auspices of the Group Work and Psychiatric Social Work Sections of NASW.

Before leaving this period it is necessary to mention the development known as group psychotherapy and/or group therapy which has interacted with what has taken place within social work. It is defined by its practitioners as a branch of psychiatry and psychotherapy. It has had a great and rapid expansion from its beginnings in the early decades of the century. It is now prac-

<sup>7</sup> Harleigh B. Trecker, ed., *Group Work in the Psychiatric Setting*, op. cit.

## Group Work in Psychiatric Settings

ticed by people from a great variety of backgrounds, including psychiatry, psychology, social work, sociology, and education. It varies in intensity from analytic group psychotherapy conducted usually by psychiatrists and on the basis of psychoanalytic theory to many kinds of therapeutic groups very like, if not identical in purpose with, those developed by group workers. Both the competence of the writer and the time available in this paper prevent any adequate treatment of the goals and methods of group psychotherapy.<sup>8</sup> At points there has been considerable interchange between group workers in psychiatric settings and those calling themselves group therapists. The question as to whether such group workers should call themselves group therapists is one upon which there has been some disagreement among ourselves and still more disagreement from some of the exponents of group psychotherapy. The question is what is the distinctive contribution of practitioners rooted in *social work* training and skill to the use of groups for therapeutic purposes? Undoubtedly, the developments of group psychotherapy in all its various forms must enter into our consideration of our place in the field.

### ROOTS OF GROUP WORK IN THERAPEUTIC SETTINGS

Gisela Konopka unearthed two early statements of particular significance. "The kinds of social work which do not in the long run require both the family and the group work method are few."<sup>9</sup> This statement could perhaps have been made today. It was said, in fact, by Zilpha Smith, then associate director of the Boston School for Social Workers at the Conference of Charities and Corrections in 1915. It appeared in the course of a paper on field work in

which she recommended that all students should have one year in a casework agency and one year in a settlement. At this point one wonders whether we have progressed or regressed in the last forty-three years!

Let us step forward five years to 1920, this time to quote from Mary Richmond, "This brings me to the only point upon which I can attempt to dwell at all, to a tendency in modern casework which I seem to have noted and noted with great pleasure. It is one full of promise, I believe, for the future of social treatment. I refer to the new tendency to view our clients from the angle of what might be termed *small group psychology*." She then points out that the social psychology of the period has concerned itself too much with the crowd and the herd and neglected the mental reactions of the small group. "Halfway between the minute analysis of the individual situation with which we are all familiar in casework and the kind of sixth sense of neighborhood standards and backgrounds which is developed in a good social settlement there is," she points out, "a field as yet almost unexplored."<sup>10</sup> The editors of her papers point out that Miss Richmond was at this time influenced by having read R. M. MacIver's *Community* and M. P. Follett's *The New State*.

The promises Miss Richmond mentioned have had to wait a long time for fulfillment, but, in fact, the exploration of this field of small group psychology and its meaning for social work had already begun at the time she spoke. These beginnings in the 1920's came from workers employed in settlements and youth-serving agencies who found it essential to take a deeper look at what they were doing. What they saw was a program of activities, recreational and educational, often led by volunteers, focused on children and youth in some agencies but in others covering the whole age span and affecting people in various social strata.

<sup>8</sup> For history of the group psychotherapy movement, see S. R. Slavson, *Introduction to Group Therapy* (New York: Commonwealth Fund, 1943), and *The Fields of Group Psychotherapy* (New York: International Universities Press, 1956).

<sup>9</sup> Gisela Konopka, *op. cit.*, p. 14.

<sup>10</sup> Mary Richmond, "Some Next Steps in Social Treatment," reprinted in *The Long View* (New York: Russell Sage Foundation, 1930), pp. 487-488.

The aims were differently expressed. In crowded tenement districts with little or no safe play space for children, it was an accomplishment just "to get them off the street." In the adult groups in such areas, the settlements were aiming at the creation of educational opportunities and at a chance to become a functioning part of a community life from which many were excluded by foreign background, poverty, and lack of education. In the youth-serving agencies, which had developed with great energy and speed in the previous decade (1910-1920), such small group programs (then often called "character building") were, in fact, engaged in providing an essential social experience for youth in a period of rapid change in family relationships, the declining influence of the church, and the breakdown of the neighborhood as a means of social control and assimilation to adult values. Many such agencies for youth had special ideological slants whether it was the preservation of Jewish cultural values, the better preparation for farm life (as in the 4H clubs), the inculcation of ethical codes typified by the Scout programs, or the religious-social values of the YWCA.

By the 1920's these agencies had been securely founded, had gained wide social acceptance, and were established enough to have considerable staffs. Most of these workers were college-educated and some of them had additional education under agency auspices. A scattered few had had training in schools of social work but since such training was at the time focused primarily on casework and/or public welfare, those who sought for some education related to their jobs found little available to them under social work auspices and scarcely more when they tried to get it in the teachers' colleges.

Few if any such workers knew of Miss Richmond's prophetic statement about the "field as yet almost unexplored." But what happened out of the working experience of these staff members and their growing acquaintance with each other was a ferment

of discussion centering around two major discoveries. In the first place, it was discovered that workers in a variety of agencies with presumably different goals had a great deal in common and that the major component of that common experience lay in their experience with groups. Out of this came the widespread use of the term group work, and the springing up in a number of cities of interest among individuals and groups who tried to explore further what they were actually doing. The second discovery was that what was common to all the groups was that in addition to the activities in which the group engaged, they involved a network of relationships between the members and the worker, between the group as a whole and the agency and neighborhood in which it lived. This network of relationships was called the group process. This realization produced the search for deeper insights into these relationships, the attempt to describe them, to name their characteristic aspects and phases, and to understand their dynamics. It was for those involved in this search a period of excitement and ferment, of social discovery and of deepened insight as we tried to clarify both our philosophy and its aims and values and our methods of dealing with groups. It is perhaps sufficient to say here that by 1933 enough people in cities and agencies across the country had become involved that there inevitably began a period of formulation. Let us discuss briefly this process out of which group work as a part of social work emerged. It had three observable aspects: (1) the organization of the means to communicate and work together, (2) the struggle to conceptualize, (3) the problem of the relation to social work.

#### PERIOD OF FORMULATION: 1933-1938

The growth of organization among social group workers in this period is evidenced by a number of events. Following the request of a number of group workers gathered at a National Conference of Social Work in Detroit in 1933, the conference had its group



## Group Work in Psychiatric Settings

work section in 1935. This was the first opportunity for group workers to share experience in an organized way. At the next national conference in 1936 there was organized the American Association for the Study of Group Work, the precursor to the American Association of Group Workers which came into being in 1946. By 1938 the membership of the AASGW was 400. Several meetings of teachers of group work were held at various times in these years and by 1937 training for group work was offered in thirteen colleges and universities of which three were not in schools of social work. By 1939 there were twenty-one institutions offering group work curricula and the AASGW had organized its first curriculum study committee.

Second, we went to work in defining group work. One of the first programs of the new group work section of the conference was an attempt to reach agreement on the definition and objectives of social group work. During 1935-36 discussion groups were organized in San Francisco, Los Angeles, Chicago, Cleveland, Pittsburgh, New York, and Boston to discuss these questions and to send summaries of their discussions to the group work section of the National Conference of Social Work. These were then edited by Clara Kaiser and sent out for further discussion.<sup>11</sup> One of the first projects of the newly organized AASGW was the preparation of study outlines to help group workers in various communities to focus their thinking and come to agreement on the aims of social group work.<sup>12</sup> Reports from the period indicate that group discussion of those outlines occurred in seventy-five to eighty cities. The process of formulation can be summarized, perhaps, by saying that there was agreement by 1936 that the chief aim of group work was the development and ad-

justment of the individual through voluntary group association and activity. Such development was seen as coming about with the assistance of a trained worker primarily out of the interplay of personalities in group situations and out of the activities of which programs consisted. It was seen as aimed at the development of socially desirable attitudes within the individual. "Socially desirable" was interpreted to cover a wide range from the development of tolerance with people from diverse cultural backgrounds to the promotion through democratic process of needed social action.

The question whether group work should aim to work with individuals requiring therapeutic or corrective treatment was widely discussed in the years from 1936 to 1938. This provoked considerable disagreement as to whether group work was mainly concerned with the educational or preventive rather than with therapeutic objectives, the question of the likeness and difference between the aims of casework and group work, the possible use of psychiatric consultation in group work agencies, careful intake procedures, and some question as to the adequacy of leadership then available to undertake highly individualized services of this kind. In 1936 the use of group work in therapeutic settings was already in the minds of many of those engaged in this formulation.<sup>13</sup> The answers to these questions in fact appeared not in these discussions but in the experimentation described in the previous section.

It should be remembered that by this period group workers had been influenced by several streams of thought in the surrounding society. During the 1920's as group work first began to be conceived it was much affected by the educational philosophy of John Dewey with its emphasis on the need to individualize the child, to see him as a whole person, and to use social experience as a part of the educative process. The early progressive educators like the

<sup>11</sup> Clara A. Kaiser, *Objectives of Group Work* (New York: Association Press, 1936).

<sup>12</sup> National Association for the Study of Group Work, *Exploring Group Work—Four Study Outlines* (New York: Association Press, 1937).

<sup>13</sup> Clara Kaiser, *Objectives of Group Work*, op. cit.

caseworkers of that period were also influenced by Freudian theory, especially in terms of the dangers of repression. There is, I believe, a close connection between the nonauthoritarian discipline of the progressive schools, the highly permissive focus of group therapy, the period of "passivity" in casework, and a similar attitude among early group workers who also "went passive" to some extent and hesitated to exercise authority for fear it was domination. As the interpretation of Freudian theory shifted its emphasis to ego psychology, similar transformations in theory took place in areas of education and social work practice in the direction of being ego-supportive and using authority where necessary as assistance to control of destructive impulses.

In addition to the influence of progressive education, parts of group work were drawing upon the theories about the use of play as an adjustive medium<sup>14</sup> and still other parts were involved in the early studies of interpersonal relations.<sup>15</sup>

Moreover, by this period of formulation group work had become a part of social work. There was in the mid-thirties some question as to whether group work should align itself with education—either through the progressive education movement or through adult education. The cross-currents of this discussion are too complex to be described here but it is enough to say that by 1938 social group work had aligned itself with social work. This was shown both by its participation in local, state and national social work bodies but also because it was becoming a part of social work education. From the first course established in 1923 at Western Reserve University in Cleveland, it had spread to the New York School in 1934, to the School of Social Work in Pittsburgh in 1938, and then increasingly to other schools throughout the 1940's.

<sup>14</sup> Neva L. Boyd, "Play as a Means of Social Adjustment," in *New Trends in Group Work* (New York: Association Press, 1938).

<sup>15</sup> W. I. Newstetter, *Group Adjustment* (Cleveland: Western Reserve University, 1938).

While the output of students from these schools was small, it was influential in the direction group work was taking. Such students were exposed in those years not only to casework both by formal teaching and informal contacts. They were also taking the same courses on personality development taught by psychiatrists. All this heightened the focus on the individual within the group and gave such group work graduates some of the theory needed not only to carry on group work in its usual settings in the leisure-time agencies but also to see its possibilities in therapeutic settings.

With all this emphasis on the individual there has continued throughout the history of group work, since 1920 at least, the attempt to understand and to use the group process as the unique tool of the social group worker. When group workers began in the 1920's to open the doors of clubrooms and look attentively at what was going on inside, they could find little help from the social scientists to explain what they saw. A few scientists, it is true, had seen and tried to describe what went on in the small group. Of these Cooley, Mead, and MacIver were the best known. Dewey's philosophy and educational theory while not directly focused on the small group had great implications for its study because of the emphasis on social interaction and learning through co-operative effort. Mary Follett's contribution in this period was one of the dominant ones, especially in her description of group interaction and its significance for the individual and society.<sup>16</sup>

The interest in group discussion method was, like group work, an outgrowth of all these interacting streams which in one way or another brought under scrutiny the small group and helped to develop what Mary Richmond had called "small group psychology." It was not until the thirties and forties, however, that the social scientists in sociology and social psychology began to concentrate their attention upon the group

<sup>16</sup> Mary P. Follett, *The New State* (New York: Longmans, Green & Co., Inc., 1934).

## Group Work in Psychiatric Settings

process. Group workers, therefore, were forced to use chiefly their own experience as the basis for formulation of exactly what was meant by the use of the group for purposes of individual growth and adjustment. Perhaps most important is the fact that we had begun to see that the practice of group work—whether for educational or therapeutic purposes—requires of its practitioners a knowledge of the individual, a knowledge of the group process, and, most important, of the interaction between them. To work with groups without this combined basis in theory and practice is, I am convinced, inadequate for either caseworkers or group workers. These words—group process—have, I am sure, little concrete meaning to many of us. Such concepts and theories as have been clarified in the development of group work and the training of group workers cannot be given any adequate exposition at this point. Like the similar conceptual framework for casework, they are as yet incomplete but enough is known and tested by experience to give us confidence that sharing and blending of knowledge and experience will be mutually beneficial.

### PROBLEMS FOR THE PRESENT AND FUTURE

What are the main issues with which psychiatric social workers, either group workers or caseworkers, must deal?

First should be mentioned the need to work consistently and continuously on the problems of integrating what is known about personality theory with what is known about group theory. Any worker using groups for therapeutic purposes needs a thorough knowledge of both and must be able, as he works with the group, to see and understand the individual and simultaneously to react to and guide his behavior by his insight into the group-as-a-whole. All of us who have tried it for any purpose know how difficult this is. Yet, it is the

essential skill of such practice and must rest in time upon a more thorough knowledge of this very complex reality.

In the second place, any consideration of this form of practice needs to give special consideration to the problems of grouping. Whether this is the question of how to organize a program of groups within a psychiatric hospital, how to construct a group of mothers in a child guidance clinic, or how to place children in the cottages of an institution, we recognize that we need here what Fritz Redl has called a "pharmacologically precise prescription of just the type of group organization, climate, and leadership that would fit treatment needs exactly."<sup>17</sup> The attainment of such precision in the composition of groups for treatment is still a long way off, but it deserves consideration if practice is to be significantly improved.

There is, in the third place, much experience in the use of groups for diagnostic and for treatment purposes which is common to many social workers. Here we are involved not only in the ways in which behavior in any group can provide significant insights and how we employ group interaction and activities. We need also to see how this material can be brought to bear by the psychiatrist or other members of the therapeutic team.

There is, finally, the persistent and unanswered question as to the particular roles which should be played in such treatment by social workers—group workers and caseworkers using individual treatment and/or group methods. Only by answering this question definitely, describing fully the contribution social work has to make in psychiatric treatment, can there be any further delineation of the role of social work as contrasted with those of other professions who also work directly with groups in psychiatric settings.

<sup>17</sup> Fritz Redl, "The Psychology of Gang Formation and the Treatment of Juvenile Delinquents," in *Psychoanalytic Study of the Child*, Vol. 1 (New York: International Universities Press, 1945), pp. 375-376.

BY ELIZABETH P. RICE

## *Social Work in Public Health*

SOCIAL WORK in public health is a timely subject since social work has become a part of the community services of prevention in public health and mental health. Various new processes and techniques have been developed and tested in the practice of public health and they seem now to have relevance to the field of social work practice wherever it exists. Some of the newer techniques and the reasons for their development will be discussed in the setting of public health.

### CHANGES IN PUBLIC HEALTH

In the past, public health was primarily concerned with the control of transmissible diseases through the protection of milk and water supplies and the disposal of wastes. There was then less emphasis on the participation of the individual. The public health officer utilized his authority to control both community infections and individuals with communicable diseases. Although this authority still rests in the public health department, it is today utilized in a different way. Efforts are made to gain the participation of the individual through his understanding of his need for care in order that infections within the community may be controlled. Now a broader program of services exists, including some programs of medical care for families and community groups. Public health is concerned

not only with environmental hygiene but also with other causes of ill health in the population. Priorities in programs are given to services that provide the greatest degree of prevention of physical and emotional malfunctioning. In such emphasis social work has an obvious contribution to make as it also becomes more skillful in the preventive area.

One of the early preventive programs of public health was an attack on the causes of the increasing maternal and infant mortality rate of the early part of this century. This resulted in the Shepard-Towner Act which provided grants to states for improved services to mothers and infants. This marked a new era in public health programs for these vulnerable groups in our population. In the early part of the century also, emphasis on continuity of care, examination of contacts, and specific protection from infections were seen as important in control of tuberculosis and the venereal diseases. From these programs it became clear that patients, families, and community groups needed help, both through health education and through social work efforts, in utilizing medical resources. Large numbers of patients, too, were leaving sanatoria against advice and refusing other forms of medical care frequently because of their attitudes toward their illnesses or because of other social situations. Similarly, public health became concerned because some patients with cancer delayed in getting early treatment or had problems of terminal care. Such were the needs in public health in the first quarter of this century when social workers were first added to a state health department.

Methods also were changing in public health. Former authoritative techniques

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## *Social Work in Public Health*

gave way to more permissive measures based on an understanding of human behavior and motivation. Thus, public health now attempts to relate its program and services to the needs of the people rather than to have people fit the established program. In so doing it recognized that one must work with people where they are and that only by an understanding and a desire on the people's part to do something about their health needs will real progress be made in the health field. Case-finding, case-holding, and follow-up—familiar concepts in public health—then take on a new meaning as the need for the participation of the individual and the group becomes more definitely emphasized. The extensive development of health education in public health also bears out the point that the individual, family, and community can only really be health-minded when they have an understanding of their health needs.

The concept of health, too, has been broadened to include, as the World Health Organization defined it, "that state of physical, mental, and social well-being." Thus, the individual and the group is recognized as being healthy only as he meets this broad definition. Public health shares with clinical medicine and social work common concerns: there is the same need to understand the individual and his illness and the factors which contribute to or handicap prevention; the same desire to understand the individual in relation to his family situation and the community of which he is a part; the same necessity of knowing and coordinating community services to help meet the needs of individuals and groups; the same emphasis on comprehensive evaluation of the problem and on the multidiscipline nature of treatment; the same goal of rehabilitation and prevention of ill health and disability. In the responsibilities of public health to protect and improve the health of individuals and of the community, there has developed an emphasis on maintaining and promoting health for all of its citizens; and thus, educational pro-

grams directed toward an understanding of the needs of people and communities have found new methods of bringing knowledge to individuals and groups which help to interpret health resources available for medical and preventive services. With more and more participation on the part of people in their own health, the concept has developed that health is a shared responsibility of the public and of the health resources.

With these new public health interests and responsibilities and with an increase in medical care programs under public health for handicapped children and for patients with heart disease and other chronic illnesses, social workers were naturally added to public health programs to work with the individual needs of patients and their families and with the social problems of the community affecting the health of the people. Now public health is becoming concerned with other problems that have large social implications such as the cardiovascular diseases, alcoholism, the aging, mental health, prevention of disability, and the extension of rehabilitation.

Today public health is defined broadly to include all hazardous factors in living which, by known scientific methods, can be controlled or prevented. Public health has been defined by one of the past leaders in public health, Dr. Charles-Edward A. Winslow,<sup>1</sup> as follows: "Public health is the science and the art of (a) preventing disease, (b) prolonging life, (c) promoting physical and mental health and efficiency through organized community efforts for (1) the sanitation of the environment, (2) the control of community infection, (3) the education of the individual in principles of personal hygiene, (4) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and (5) the development of a social machinery which will insure to every individ-

<sup>1</sup> C.-E. A. Winslow, "The Untilled Fields of Public Health," *Modern Medicine*, Vol. 2, No. 3 (March 1920), pp. 183-191.

ual in the community a standard of living adequate for the maintenance of health." In this definition the important point is that public health must be carried out through organized community efforts. This is the key to public health. Not that a health department on its own necessarily carries the responsibility for preventing disease, prolonging life, or promoting health, but rather that it has a responsibility for coordinating community efforts so that the people in the community are served adequately by community resources. Control of community infection means not only the control of biological infections that affect health but also of those conditions that create poor mental health. The development of social machinery includes ways of affecting the social economy such as housing, quality and quantity of welfare services, relationship of day-care programs to the needs of mothers, and the like.

Public health activities may be carried on by an official department of public health, voluntary health agencies, departments of education, state or county medical societies, or other community efforts. All preventive programs requiring more than the efforts of an individual are included in the field of public health. More simply stated, public health is really community health since "public" refers not to the auspices under which the health program is carried out but to the public which it serves.

Some of the functions practiced by the social worker in public health have new implications for the field of social work as a whole. These include consultation, preventive methods in casework, the participation of the social worker in program-planning and policy formulation, new opportunities in work with community groups, and the growing responsibilities in research.

### CONSULTATION

Consultation in public health is that process whereby the social worker, when re-

quested, contributes his social work knowledge and skill to help others in meeting the problems presented. The consultant's authority is the authority of knowledge or skill. He has no administrative or technical responsibilities to the individual or group served. The individual or group has the right to choose to utilize or not the ideas growing out of the consultation. Consultation may exist within the same discipline or may be available to other disciplines either within the same or other agencies. In general consultation is utilized with persons of sufficient maturity in their own professional skills who are able to make effective use of this method. Consultation is not a substitute for supervision nor does it have administrative responsibilities. In public health, consultation as a method has been extensively utilized also by the other professions. The social worker, with her knowledge of health and with her skill in evaluating the social factors involved in a broad health program, can contribute her thinking about particular problems, community planning, or the development of policies and procedures. Similarly, the social work consultant helps other disciplines to gain a broader or a more precise understanding of a particular problem at hand, be that the problem of an individual or of a program. Consultation as a method has developed in new programs of community mental health where the emphasis has been placed in helping those persons in a community who come into contact with large numbers of people to gain an understanding of the problem and of their part in it as well as the degree to which they affect or influence the development of poor mental health. In some communities consultation is focused on service to school teachers in the belief that the school teacher using preventive mental health measures can contribute to the reduction of mental ill health among the students and hence in the community. Through this method, also, the teachers' own attitudes, feelings, and reactions are modified, and thereby the group

## *Social Work in Public Health*

as a whole is affected positively. This type of consultation has been utilized also with groups of public health nurses and public welfare workers. The goal is to give the helping person an understanding of the problem and an appreciation of his contribution to the situation in order that his own feelings, attitudes, and reactions will become modified and a repetition of the difficulty will be prevented. By developing knowledge and understanding on the part of those who are working with large groups of people, there will result a preventive effect on the relationship of these helping persons to the groups as a whole. This new method of consultation is applicable also to those who are working with problems of physical health.

The social worker in clinical practice can also utilize this consultative process. Physicians with private patients may not need or want to refer their patients to the social worker for direct service but may desire and need the guidance and advice which they themselves may carry out to the benefit of the patients. Thus emphasis in social work departments could be placed not alone on the number of patients referred for casework service, but on the extent to which the social worker contributes to the total population of the hospital or of the community and the channels through which this contribution is made. Just as the public health social worker contributes through consultation to the understanding of other professions, so also can the social worker in clinical practice contribute toward the goal of more comprehensive care to the patient and his family, and to a broader concern for the social needs of the community.

The greater the knowledge of the social and emotional implications of a given situation and the greater the recognition of the special competence of the social worker, the sooner a professional colleague turns to the social worker for help. As medical social workers we need to share our knowledge and skill more extensively with other

disciplines. Since there will never be enough social workers to meet all the social needs of individuals and families, better services to more people will result when social workers have the skill in consultation to help other colleagues meet the less severe social needs.

### **DIRECT SOCIAL CASEWORK**

The skills of the social worker, both in clinical and public health practice, are based on training and experience in social casework. Social casework is still a function of the public health social worker in most of our health departments where medical care programs are carried out. However, it usually consumes less of the social worker's time than does consultation. In the practice of social casework, new emphases on prevention have developed, such as work with persons who are not asking for help but where the social worker's skill in observation indicates that there are incipient problems often in such an early state that the patient himself is not yet ready to ask for help and other members of the team may not recognize the need. In a group of mothers who were studied carefully during the prenatal and postpartum periods, few mothers were found who did not need social casework even though the mothers themselves did not recognize their needs.<sup>2</sup> The degree of severity of these problems were often evaluated differently by the mother and the worker. Certain problems were found to occur at certain times during pregnancy with most of the mothers. If the social worker knows at what time in pregnancy these problems more often arise, the time of greatest severity and their duration, he is better able to evaluate whether the particular problem is common or extreme at a particular time in pregnancy. This

<sup>2</sup> Florence E. Cyr and Shirley H. Wattenberg, "Social Work in a Preventive Program of Maternal and Child Health," *Social Work*, Vol. 2, No. 3 (July 1957), pp. 32-38.

method of studying a group of patients under similar conditions in order to analyze the common factors gives us knowledge of problems which occur with greatest frequency.

This epidemiological public health approach to a group of individuals or to the population as a whole suggests a valuable method for social work since it provides the perspective necessary to determine which problems are common to a group of patients and which are more individual variations. This kind of analysis and relationship is needed in social work. This approach to incipient problems is not limited to work with mothers and children but exists also in relation to other problems where the social worker, with skill in observation and social diagnosis, can recognize early those situations which may create a greater problem later. Thus, in public health programs, the social worker is learning new skills and a broader scope of concern not only to help the individual but also to gain an understanding of the interrelationships of strain on the family and on the community. Social work can develop skill in understanding incipient problems which can be treated through support and clarification as well as through educational techniques such as anticipatory guidance, thus helping individuals with their less difficult, often temporary problems. Recognition of stress in the family and the community is included in such an understanding and is essential to helping the individual to appreciate his problem.

#### **EDUCATIONAL SERVICES**

One technique which is used in public health is that of anticipatory guidance. This is a method of working with healthy individuals by pointing out what is expected to happen in the future; when it does happen, the individual may realize that it is a normal occurrence and he is, therefore, less anxious about it. For example, in the growth and development of the infant, this method of anticipatory guid-

ance has been utilized for many years when the doctor or nurse shares with the mother expectations regarding the child's developmental behavior such as fussing because of teething, expected reactions to the introduction of solid foods, the time when the child may begin to walk, and the usual anxieties the mother will have at certain times. Similarly in working with a mother during pregnancy, it has been found helpful for the mother and her husband to know that there are natural periods of depression, times when the mother wonders if being a mother is going to be a happy experience, times when she feels lonely (having given up her community associations), or periods when she is ambivalent about her child. Likewise, the husband will go through periods of concern. Sharing the knowledge of these usual occurrences with the mother and father lessens the severity of their reactions since by knowing that they are likely to happen, they realize that they are not abnormal. This method of anticipatory guidance in work with patients in other situations can be utilized as a tool provided we are astute in knowing what the normal reactions of patients are under certain conditions. We need to study groups of patients in similar situations in order to have the basis for analyzing expected behavior and reactions.

#### **PROGRAM PLANNING AND POLICY FORMULATION**

The opportunity of participating in program planning and policy formulation has existed more consistently for social workers in public health than for clinical workers. However, the need for such participation exists in whatever setting the social worker practices. The more the social worker sees beyond the patient to the total group served and the more he evaluates the meaning of the experiences to the patient, the greater a contribution he can make to the formulation of policies and planning with others for the agency's program. Some of the new findings of social science research about



## *Social Work in Public Health*

hospitals, patients, and clinical experiences social workers already have on a case-by-case basis but they have not analyzed and conceptualized this knowledge. One wonders if we have been too uncertain and insecure in our place in hospitals to feel free to point up those experiences that patients find difficult. Perhaps, also, we become callous to the meaning of these experiences to patients as we ourselves become accustomed to them. This calls for a sharper sensitivity, a readiness to analyze what is observed, and courage to express concern about the situation as it exists. When social workers become more secure in this area, they will find rich opportunities to interpret, out of their interviews with patients, the problems needing modification. In public health, social workers have been expected to be concerned about the effect of policies and programs on individuals and the community. The social worker also has an opportunity, because of her work with other social workers in the community, to bring to the hospital or public health department in which she works the reactions of other social workers to the agency's programs and policies.

### **COMMUNITY PLANNING AND RESEARCH**

Community planning has a different meaning to many individuals. In public health we mean not only the organization of resources to meet the needs of people but also an understanding of the community pressures and a feeling of the pulse of a community. Social workers in public health programs are developing, out of their casework skill, a new and different kind of understanding of the community. This is a dynamic appreciation of the stresses and strains, pressures, prejudices, and resistances of groups in the community which affect individuals, groups, and programs. This kind of dynamic understanding is strengthened through better knowledge and understanding of the group

process and is, therefore, something that can be taught and learned. Thus, the combination of skill in group work and casework as well as knowledge of techniques of community interaction will give the community social worker of the future a better appreciation of the strengths and limitations of a community and the degree to which community feelings, attitudes, pressures, and prejudices affect the development of sound community programs. A new emphasis is required in this social work practice. With further application of our knowledge and skill to the study and evaluation of the community, we have the foundation on which to base a new concept of community planning. This approach to community problems is at present usually missing in our programs.

It is now trite to say that social work has a responsibility to study its own practice. One is encouraged by the new developments in social work research. In public health, the social worker is not considered to be carrying his full responsibility unless he is looking at, pointing up, analyzing and evaluating the results of his experiences, not only for his own practice but also for the values to others. Public health is not primarily interested in what happens to the individual but is concerned with what happens to an individual as it reflects the needs of other individuals and the necessity for further community planning around these needs. In other words, the social worker in public health must get at the core of the difficulty in order to point up what is further needed to understand, solve, and prevent the problem. Thus, analysis of social work experience aimed at finding the causation of the difficulty is an essential in the practice of social work in public health. This can be applied to social work practice wherever it exists. The public health emphasis is, of course, on finding the cause in order to know how to prevent the problem, and then to know how to promote community interest so that a preventive program can be made effective. Social

work has emphasized this broader concern for community needs less in recent years but is once more becoming aware of its responsibilities for the development of adequate community services not only to meet the needs of people but to prevent the problems from recurring whenever possible.

## CONCLUSION

With these new methods developing in social work in public health, one might ask what additional knowledge and skill is needed by the medical social worker in order to function adequately in a public health program and in the broader programs being established in medical care agencies. Social workers will need more understanding of group work, more ability to utilize their knowledge and skill in the analysis of problems as they apply to community dynamics affecting individuals, and more understanding of the application of social work knowledge and skills to programming and action within the community. Greater skill is needed in interpretation and communication to know better how to get across to others what we know. In order to do this, we need to know how to analyze our data in order to give us facts that are convincing to us and to other disciplines. We need the new knowledge growing out of the social sciences that will give us an understanding, for example, of social controls, role, status, and cultural factors in order that we may see how these affect not only our services to the individual but our services to groups in the population. In working with the community for the establishment of services for particular groups, we need to develop increased skill in the consultative process and a new kind of understanding of the dynamics of the community. We need to apply the epidemiological method to our study of situations. The social worker's sensitivity to the needs of individuals and groups would help to bring into community planning a

richer kind of practice. It is obvious, also, that most social workers need more ability in using research skills to fulfill their professional obligations.

The same skills are needed in social work in public health and in clinical practice as the latter places more and more emphasis on prevention and comprehensive care. Preventive medicine has been called "a philosophy, discipline, or a point of view which has application to every phase of clinical practice." If we believe that public health, by definition, is responsible for preventing disease, prolonging life, and promoting physical and mental health and efficiency, we cannot divorce this from the practice of clinical medicine in our modern hospitals; therefore, the same skills, knowledge, and techniques applicable to the population as a whole in the community are equally applicable to the population of the hospital. Medicine and nursing have already realized that they must consider the total hospital population. Social science is pointing out to us what happens to the population in the hospital and has described patients' feelings, attitudes, prejudices, resistances, and interactions. Social work, unfortunately, seems still to be working on a patient-by-patient basis in clinical practice and often in public health and to have assumed little responsibility for the total group of patients. Until we lift into our practice a broader understanding of the group we serve, until we contribute our thinking and our facts to the programming and planning in the particular agency in which we practice, until we widen our understanding of the individual to see him as he affects and is affected by his family and the community, and until we have a greater understanding both of the dynamics of the family and the dynamics of the community—until this time, we will neglect the potentialities that exist for the more comprehensive practice of social work.

BY CARROLL A. WHITMER AND C. GLENN CONOVER

## *A Study of Critical Incidents in the Hospitalization of the Mentally Ill*

THIS STUDY GREW out of the observations of professional staff regarding information given about patients at the time of their admission to a neuropsychiatric hospital. The impression was that many patients were admitted following long, severe mental illness and according to available information the need for hospitalization had been as great in years past as it was at the time of hospitalization. Among the questions arising from these observations were: "Why were these patients not admitted to mental hospitals years ago?" "What particular circumstances brought about admission at this time?" "Can stress situations or incidents that precipitate hospitalization be identified?" and "What symptoms of psychopathology are or are not tolerated by the family or community?"

After considerable discussion about possible means of obtaining information in answer to some of these questions, it was decided that a modification of the Critical Incident Techniques described by Flanagan<sup>1</sup> could be used. It was assumed that through the use of this technique it would be possible to learn what the people responsible for hospital admission of the patient recognized as critical in making their decisions in favor of hospitalization. It is recognized that possible deeper reasons or unconscious motivation for hospitalizing a

patient would not necessarily be revealed by the reported critical incidents.

The decision for hospitalization is usually a difficult one because it is dependent upon a complex interaction of social and personal factors. It is not a decision about which any member of a family could be completely objective. In spite of these limitations it was decided that recording the reports of critical incidents, as members of the family perceived them, would be a worth-while task and might possibly lead to some specific hypotheses for further investigation. The study was designed then to determine the critical incidents precipitating the decision of family, relatives, or other persons responsible for the request for admittance of the patient to this hospital.

During the time the present study was in progress, an intensive study of social and psychological impact of mental illness upon families was being carried out by Clausen, Yarrow and others<sup>2</sup> at the National Insti-

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<sup>1</sup> J. C. Flanagan, "The Critical Incident Technique," *Psychological Bulletin*, Vol. 51, No. 4 (July 1954), pp. 327-358.

<sup>2</sup> John A. Clausen and Marian R. Yarrow, "Paths to the Mental Hospital," *Journal of Social Issues*, Vol. 11, No. 4 (1955), pp. 25-32.

Marian R. Yarrow, Charlotte G. Schwartz, Harriett S. Murphy, and Leila C. Deasy, "The Psychological Meaning of Mental Illness in the Family," *Journal of Social Issues*, Vol. 11, No. 4 (1955), pp. 12-24.

Marian R. Yarrow, John A. Clausen, and Paul R. Robbins, "The Social Meaning of Mental Illness," *Journal of Social Issues*, Vol. 11, No. 4 (1955), pp. 33-48.

John A. Clausen and Marian R. Yarrow, "Further Observations and Some Implications," *Journal of Social Issues*, Vol. 11, No. 4 (1955), pp. 61-65.

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tute of Mental Health. The data of their study and the present one are complementary and generally in agreement as pointed out in the discussion of this study.

## PROCEDURE

After a practice period involving the testing of procedure and the clarification of criteria the collection of data began in July 1954 and continued during three years. There were some interruptions in data collection because of personnel changes which necessitated the training of new participants. When the collection of data was in process, an attempt was made to obtain critical incidents for all patients who met the criteria set for the study.

The subjects of the study were first admission patients or patients readmitted after a presumed recovery from former hospitalization. No transfers from other neuropsychiatric hospitals, returnees from trial visits, or self-referrals were included.

The reporters of the incidents leading to the decision for hospitalization were members of the family or relatives who had observed the patient's behavior or circumstances precipitating admission to the hospital and who could be interviewed within three days of the patient's admission.

Critical incidents were collected by social service workers during the intake interview using the following formula:

"You have mentioned a number of things which led to Mr. ———'s coming here. I would like you to think back specifically to his coming to the hospital. As you see it what things happened within the last three weeks that led *directly* to this? Please tell me as exactly as you can."

### *Points to be covered in the interview*

1. The general circumstances leading up to the incident
2. The reason(s) for the incident's being of direct influence (critical)
3. When and where the incident occurred
4. Whether the account is first hand

A committee consisting of the investigators and the social service workers who collected the incidents reviewed all incident reports and discarded opinions and circumstantial information that did not meet the criteria for critical incidents. Incidents used in the study met the criteria of (a) occurring within three weeks of the patient's admission and (b) relevant to the decision to request hospitalization approaching the nature of "the last straw."

The 117 patients in the study were male veterans ranging in age from 17 to 72 years. Median age for the group was 34 years. The admitting diagnoses were 40 percent schizophrenia, 19 percent psychoneurotic, 15 percent depressive, and the remaining 26 percent representing almost every other classification of mental illness.

The informants were family members and relatives in 29 individual and combination relationships. The most frequent informant was the wife (for 51 percent of the patients); next frequent were parents (25 percent); the remainder represented almost every other class of relative.

## RESULTS

Two hundred twenty-four (224) incidents were collected. The incidents were grouped into logical categories considering the behavior or circumstances reported as precipitating hospitalization. The percent of incidents in each category is shown in Table I.

TABLE I  
PERCENT OF INCIDENTS  
in each category N = 224

Physician's advice	24.1
Loss of reality contact	15.6
Somatic or seizure	10.2
Aggressive—threatening	9.8
Suicide—self-mutilation	8.5
Economic	8.5
Patient "gave up"	8.0
Break in family	3.6
Law violation	3.1
Alcoholic bout	1.8
Health of relative	1.3
Recommendation of other than physician	2.2
Miscellaneous	3.1



## *A Study of Critical Incidents*

Twenty-six percent of the incidents consisted of recommendations by other people, most often the advice of a physician. This category is probably a combination of behavior and circumstance in which the physician's recommendation itself may well have been the most important precipitating factor in the patient's hospitalization for mental illness. There were only six instances, (2 percent of the total number of incidents) in which no critical incidents other than the physician's recommendation were identified. The remainder of physician's recommendations, however, were accompanied by another critical incident classifiable in one of all other categories except "law violation." At the beginning of the study an attempt was made to identify the specialty of the physician but the attempt was abandoned because of the frequent involvement of more than one physician and insufficient information to identify many of the physicians by specialty.

The second most frequently reported type of incident (15.6 percent) was categorized as "loss of reality contact." Included in this category were incidents indicating failure to recognize members of the family, delusions of divine power, delusions of persecution, hallucinations, and disorientation for time and place. No verbally aggressive or violent behavior was included in this category. A separate category was used for the aggressive behavioral incidents even though they also sometimes included delusional behavior. This distinction may appear to be an artificial one but it seemed logical on the basis of what was reported as critical in the decision to hospitalize the patient.

The third category of incidents (10.2 percent) labeled "somatic or seizure" included blackout spells, disabling sensations, and various types of seizure as well as more common somatic complaints. Among the somatic complaints were headache, dizziness, cardiac disturbance, and nausea. Forty-six percent of the incidents in this category were accompanied by physician's recommendations. For the sixteen patients

whose hospitalization was precipitated by an incident in the "somatic or seizure" category only three additional incidents, other than physician's recommendation, were given. These three incidents were "claiming to have won a lot of money," "odd look in his eyes as if he were not mentally right" and "hallucinating that God was talking to him." This category appears to be relatively free of unequivocal symptoms of mental illness.

There is reasonable doubt that the families of 13 of the 16 patients in the "somatic or seizure" incident category anticipated hospitalization of the patient in a neuropsychiatric hospital. It seemed most likely that the hospitalization of these patients for treatment of mental illness was precipitated by the physicians' perception of the mental illness rather than the families' recognition of the need for such treatment.

Incidents of an aggressive-threatening nature were next most numerous—9.8 percent of the total. These incidents included both verbal and overt behavior in about equal occurrence. The verbal incidents were, from the layman's standpoint, rather serious; for example, threatening to kill a friend who had assisted in bringing about a previous hospitalization several years ago, threatening "to cut his ex-wife's throat and make her mother drink the blood," and threatening an assault on his own child.

The overt behavior incidents in this category were also of a violent nature. One particular example is typical of the kind of situation that aroused interest in the present study. This was the case of a man who, according to reports from the family, had been psychotic for some ten years and had been rotated among the homes of relatives. The incident that precipitated hospitalization occurred when the man was being moved from one home to another. On the way across country the patient suddenly stopped the car and told his father to get out because he, the patient, "under command of the Lord" was going to kill his father. He proceeded to try to carry out

this action but fortunately, with the help of a passing motorist, was subdued and brought to the hospital.

This incident illustrates the situation in which delusional behavior was present for many years but did not precipitate hospitalization until the appearance of aggressive behavior. This incident was categorized as "aggressive" rather than "out of contact" because according to the observer-reporter the aggressive overt behavior was the critical element in precipitating the patient's hospitalization.

The incidents classified as suicidal threats or attempts at self-mutilation are self-explanatory. Most of these incidents occurred with depressive reactions, although some precipitated the hospitalization of patients diagnosed as schizophrenic. Relatives of most of these patients reported symptoms of mental illness occurring over the years but hospitalization was not sought until actual threats or attempts of self-harm were made.

Incidents categorized as "economic" were reported for patients with various types and severity of mental illness including some who were receiving satisfactory private outpatient treatment as long as the family could pay for such service. Some patients who had been working in spite of their symptoms were hospitalized when they became unable to work with consequent loss of income.

The incidents categorized as "patient gave up" would be difficult to classify in any meaningful category of mental illness. Most of these patients had shown severe symptoms of mental illness for a long time preceding hospitalization and probably the decision awaited the failure of all other means of treatment and the patient's giving up in his struggle to "keep going." Some examples of the statements of the precipitating incidents were: "He had considered suicide but gave up that idea and asked his mother if she could get help for him." After a long illness of another patient, which had included suicide attempts and

violent aggressive behavior with unsuccessful attempts to persuade the patient to seek treatment, "he finally said that if the son would get him a pint of whisky he would go along to the hospital." For another patient who had been ill for a long time hospitalization occurred when, "he just sat in the corner and cried." Some of the patients refused to eat or take medicine and asked to be left alone to die. Nine of the fourteen patients for whom "giving up" was reported were diagnosed as having anxiety or depressive reaction. The fact that "giving up" was reported as the precipitating incident in the decision for hospitalization is possibly indicative of the patient's and the family's unwillingness to accept pathology alone as justification for hospitalization.

Examples of incidents given with lesser frequency were wife's leaving husband or husband's leaving home, withdrawal from marital relationship, and death of wife categorized as "break in the family relationship." "Law violation" included arson, writing bad checks, borrowing a car without the owner's permission, and indecent exposure. In all these incidents mental illness had been tolerated until there was conflict with the law.

Incidents included under alcoholic bout are few<sup>3</sup> and seem to represent a break in the family's tolerance for drunkenness when unmanageable behavior occurred during an alcoholic bout. Some incidents counted under miscellaneous did not seem to fit any category, as for example: parents' intervention to protect the wife, patient "began using tobacco" (the religious belief of this family forbids the use of tobacco), and other incidents peculiar to family beliefs or particular circumstances. A wide range of tolerance on the part of different families is apparent in the precipitating incidents reported.

The critical incident "advice of a physi-

<sup>3</sup> Marian R. Yarrow, John A. Clausen, and Paul R. Robbins, *op. cit.*, pp. 33-48.

## A Study of Critical Incidents

cian" accompanied 47 percent of other incidents in this study. Twenty-seven percent of the incidents accompanying physician's advice were categorized as "loss of reality contact" and "somatic-seizure" whereas 7 percent of the incidents not accompanied by physician's advice were included in these categories. Nine percent of the incidents accompanied by physician's advice fell in the combined categories of "aggressive-threatening," "suicide-self-mutilating" and "patient gave up" in comparison to 25 percent of the incidents not accompanied by physician's advice in these categories. In other categories small differences between the percent of incidents accompanied or not accompanied by physician's advice or small number of incidents made this comparison not worthy of mention.

From the above comparison it appears that generally physician's advice in addition to the symptoms of loss of reality contact or seizures and somatic complaints is necessary to precipitate hospitalization, whereas the family generally sees aggressive threatening behavior, suicide and self-mutilation and the patient's "giving up" as incidents serious enough to require hospitalization without a physician's recommendation.

### DISCUSSION

The data of this study are not extensive, and represent only male veterans admitted to a single hospital. Therefore, trends and suggestions for further study, rather than conclusive statements, are warranted.

One generalization suggested by the data of this study is that the family seeks hospitalization in a mental hospital for one of its members primarily because of behavior and circumstances rather than because of a recognition of the pathological symptoms of mental illness. Family members appear to be seeking controls for behavior which they are not able to manage. Sixty percent of the incidents indicate

behavior or circumstance that may or may not be indicative of mental illness. The one specific psychopathological category "loss of reality contact" accounts for only 15.6 percent of the total number of critical incidents given. Since the "physician's advice" accounted for nearly one-fourth of the total incidents, this must be recognized as an important element in the decision to hospitalize the patient. As pointed out above, however, this type of incident tends to overlap more with the "loss of reality contact" and "somatic-seizure" incidents than with behavior or circumstance incidents. This generalization supports Yarrow et al. in their statement that "Situational factors tend to lead them [wives] to seeing their husbands as mentally ill. Immediate, serious and direct physical threats or the influence of others may be the deciding factor."<sup>4</sup>

Our study made no attempt to determine the reasons for delaying hospitalization of patients who had been ill for many years. The fact that there was so little psychopathology reported in the incidents precipitating hospitalization could be interpreted either as the families' failure to recognize or its denial or toleration of pathology in the behavior of these patients in previous years. Yarrow et al. found in the families represented in their study a tendency for the early interpretations of the illness to be "organized around physical difficulties."<sup>5</sup> Some members of the family, apparently, do not change their interpretations throughout the development of the illness but rather maintain some rigid framework or denial that the husband is mentally ill.<sup>6</sup>

The fact that only part of the behavior of a mentally ill person may be intolerable may also account for long delay in hospitalization. Much of the "sick" behavior described in the social workers' reports for our

<sup>4</sup> Marian R. Yarrow, Charlotte G. Schwartz, Harriett S. Murphy, and Leila C. Deasy, *op. cit.*, p. 20.

<sup>5</sup> *Ibid.*, p. 18.

<sup>6</sup> *Ibid.*, p. 20.

patients was not offered as critical in precipitating hospitalization. Yarrow, et al., point out that changing behavior makes decisions difficult to make. There appears to be a tendency for the wife to normalize her husband's behavior, particularly when she is threatened by the admission of mental illness in her husband.<sup>7</sup>

The evidence that behavior and circumstance, rather than the recognition of psychopathology by members of families, precipitated the hospitalization of a majority of patients in this study has an interesting parallel in a recent study done in this hospital by Ellsworth.<sup>8</sup> Ellsworth found that behavior rather than pathology was the critical factor in the patient's discharge from the hospital and was also related to staying out of the hospital after discharge. It seems quite logical that if intolerable behavior is related to a patient's first admission to the hospital, it would also be related to his remaining out of the same hospital if there has been no radical change in his family or the community.

Since behavior and circumstance played a major role in precipitating hospitalization of patients in this study, and the evidence is that many families do not recognize or seek help for psychopathological symptoms until intolerable behavior develops, a pertinent question may be "How can these

patients be reached for treatment before behavior precipitates hospitalization?" It is obvious that the families in this study have tolerated a great deal of psychopathology as long as the patient's behavior was not intolerable. We agree with Clausen and Yarrow that the paths to a mental hospital are "beset with obstacles and traumas"<sup>9</sup> for both the patients and their families.

Clausen and Yarrow have discussed the implications of their study for mental health programs. Their suggestion is that community mental health programs should emphasize education toward obtaining professional help for behavioral problems rather than trying to make the general public conscious of the symptoms of mental illness. The clergy, lawyers, and police as well as general physicians should be better prepared to recognize behavioral symptoms of mental illness and understand the problems faced by families and how professional help for early symptoms may be obtained.<sup>10</sup> It would seem logical that, since behavioral problems are significant to the members of a family and to the general public, concentration upon the recognition of early aberrant behavior and seeking understanding of that behavior might lead to more effective treatment of mental illness in the formative phase.

<sup>7</sup> *Ibid.*, p. 21.

<sup>8</sup> R. B. Ellsworth and W. H. Clayton, "Measurement of Improvement in Mental Illness," *Journal of Consulting Psychology* (to appear in the February 1959 issue).

<sup>9</sup> John A. Clausen and Marian R. Yarrow, "Paths to the Mental Hospital," *op. cit.*, p. 32.

<sup>10</sup> John A. Clausen and Marian R. Yarrow, "Further Observations and Some Implications," *op. cit.*, p. 63.



BY MARY S. KUNST

## *Learning Disabilities: Their Dynamics and Treatment*

LEARNING DISABILITIES CHALLENGE the most experienced of us to understand better children's anxieties as well as the defenses against those anxieties. By "learning disability" we ordinarily refer to a discrepancy between actual academic achievement and expected achievement for the life age or the mental age. The size of this gap is not a matter of universal agreement but most of us think in terms of a lag of a year or more, extending over some period of time. Highly diagnostic is the child's failure to respond to tutoring. Our definition of a learning difficulty excludes organic causes, such as brain damage or low intelligence. It excludes academic setbacks because of illness or change of schools. Our definition assumes adequate teaching and cultural opportunities; i.e., the child has had normal opportunity to learn.

Such learning failure is thought to be a neurotic symptom indicating emotional conflict. It is clear that the child does not just passively fail to learn. His failure is a very active, though unconscious, resistance to learning. He may learn but may then handle his anxiety by forgetting what he has learned. His failure tells us that something serious is bothering him; something that he does not understand. Consciously he may want to learn. It is expected; his peers learn; it is the thing to do.

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Unconsciously, he dares not learn. Avoidance of success quiets his anxiety, brings him peace and security for the moment. His symptom of failure brings him some advantage, no matter how self-defeating it may appear to be to others.

### EXTERNAL FACTORS

Let us proceed from the simple to the complex, recognizing that what appears at first to be a simple problem often turns out to be exceedingly complex. A child may avoid reading or other learning because his parents push him too unmercifully to achieve learning. The child strives to maintain his own autonomy or integrity by proving that his parents cannot dominate him. One 10-year-old boy disrupted the family calm by announcing nightly at the dinner table that he did not intend to do his homework that evening. This statement invariably set off a vicious circle of argument, with all members of the family reaching sword's point. When the therapist asked, during treatment of this boy, that no mention whatever be made of homework in the home, the mother reported a great void in the family's dinner-table conversation. Reduction of the pressure helped this boy to give in enough to set the learning process in motion.

Sometimes a child has no interest in learning because there is no one for whom to work. The wish to please a loved adult is a powerful motive for a child's learning. Such a child may respond well to an interested teacher or therapist. Of course, he may need family security most of all. In addition to feelings of despair, such a child may

transfer the hostility he feels for his rejecting mother to his teacher and may use the learning situation to punish her. A 9-year-old girl said about her teacher, "I won't do one thing for her. I don't care."

We also see children who do not learn because their attention is deflected to some worry or worries. They cannot concentrate. How often the teacher is challenged by a child's inability to concentrate! One highly intelligent boy who was failing second grade had to cope with a mother who raged and screamed in truly psychotic manner and who was punitive to the children. This child spent most of his energy throughout the school day worrying about the dangers that would beset him at home. When measures were taken to protect the children from the mother as well as to help the mother, the child's reading achievement came up to grade expectation almost overnight, despite the fact that he had earlier been tutored daily during an entire summer vacation, without showing one-tenth of a grade's progress. The most important dynamic of treatment was the boy's discovery that not all women react to provocation with rages. When he was finally convinced of this fact, he begged permission to bring his 5-year-old brother to the treatment hour. The little brother said to the therapist, "He says you don't yell at kids. How come you don't yell at kids?" He was aggressively provocative in the extreme throughout the hour, but went home sharing his brother's reassuring discovery that not every adult woman is dangerous.

Children may have less extreme but just as serious worries deflecting their energies from school work. Absence of a parent, a mother working long hours away from home, illness in the family, arrival of a new sibling—all may loom much more basically important to a child than does his school work. Even a high-school girl commented when her mother went to work, "No mommy when I come home. No one to pick up after me."

Among the problems that seem more

readily solved, we might mention the child who gets a bad start in school because of some unhappy conditioning against learning. One first-grade boy had to travel alone by bus to school. This premature responsibility contributed to his hatred of school. We are, of course, immediately aware of the many possible factors operating in the demand for such independence in a 6-year-old. These factors are conceivably much more basic to the development of a learning difficulty than is the bus ride itself. Nevertheless, this example illustrates a type of case in which the alleviation of such blatant anxiety may leave some margin of energy for handling the more internal anxieties and may deflect the symptom from school work.

This discussion of a kind of external anxiety—the presumably more manageable type of learning difficulty—is not meant to be exhaustive. It is meant only to stress the importance, even within the framework of depth treatment, of searching for environmental variables, the control of which might help the child. In actual practice we are often limited to a struggle with the environmental variables or the external sources of trouble.

### THE LEARNING PROCESS

Before we proceed with our understanding of internal anxieties, the unconscious processes that determine the child's failure, let us review some facts about the normal learning process. Research investigators often make motivation and learning sound like cold, pulseless, academic drives. But motivation and learning are really dynamic, very much alive parts of every human being. Learning is by no means a purely intellectual function. True, it requires a brain, but learning is markedly influenced by the emotions almost from the day of birth. Learning can be thought of as a taking-in process, just as the body takes in food. The infant's more total feelings about *taking in* are colored by his feeding and other intake

*Social Work*

## Learning Disabilities

sensory experiences. A newborn infant automatically signals with a cry when he needs something. If his needs are understood and respected and catered to with sufficient consistency, the foundations for good learning ability are laid. The child becomes confident that his needs will be met. He learns many ramifications of the signaling as well as of the catering it brings. When he acquires the ability to fantasy his gratifications while waiting for actual fulfillment, the foundations are laid for thought and memory. An enormous amount of learning takes place before the child starts off to school. The child learns to walk, he learns bowel and bladder control, he learns to talk. He learns to adapt to reality. These are all accomplishments of impressive magnitude, any one of which can hit a snag along the way.

Let us look at a less ideal picture. Suppose that an infant is neglected. His native distress signal brings no response to relieve him. Or suppose that the catering is so inconsistent that the child becomes confused and cannot readily associate stimulus with response, cause with effect. Sometimes he is in such a panic of crying that he cannot drink the milk when it comes. His motivation to learn becomes mixed with feelings of anger and resentment, defiance and revenge. Such a child may begin a pattern of avoiding perceptions to avoid pain. We are almost certain to find that normally intelligent children who cannot seem to learn in school had some degree of difficulty with these early learning tasks. Always we find some type of disturbance in the parent-child relationship, some reason why the learning process has become painful and must be rejected. A typical example is the child who constantly interrupts work or play with anxious questions. He wants to know but his expectation of something fearful or painful leads him to lose the thread and block out the answers. It is impressive how often a child can read only *after* one answers his questions and tells him exactly what to expect in the story.

### UNCONSCIOUS CONFLICT

Let us proceed with some exposition of the more clearly internal-conflict type of reading disability. One might state broadly, in a somewhat oversimplified way, that a kind of displacement occurs from erotic or aggressive wishes to the learning act. The erotic and aggressive elements may be and usually are mixed but let us first take the relatively more erotic situation. A boy who is still struggling with an unresolved Oedipal conflict may displace all his fears of success about winning mother away from father on to his school work. In the manner of a phobia, an individual is more comfortable if he can project his vaguely perceived, unconscious, internal anxieties out on to something external. It is so much more reassuring to know what one fears, so that the feared object or event may be avoided. In the situation just mentioned, the boy would feel impelled to fail. The source of the need to fail may come to have quite complicated ramifications. The boy fears retaliation from father; he does not wish to lose father's love; he senses his own inability to really supplant father; he fears putting mother's acceptance of him to the test; he is uncomfortable with his guilt feelings. Reading or other school success becomes unconsciously invested with these displaced feelings and must be avoided at all cost. Such a child may be quite resigned to failure. Success appears to be too dangerous. Failure is the more comfortable of two alternatives. A boy, 11, reported that his teacher had said to him, "With all the help you are getting, if you can't read yet, it must be your eyes." The boy laughed heartily with his therapist and commented, "If they only knew what I know. I just don't like reading." It took a full year of treatment before this boy could say, "I feel like reading today. I'm going to finish the book. I don't know—somehow I feel good about reading today." This boy lived with his very seductive, dependent, widowed mother. The boy had clearly displaced his fears of success with the mother to his school

work. In this case, removal from home along with treatment was indicated.

We often see children whose school failure seems to express regressive longings. We get the impression that the school failure is a way of avoiding growing up, with all its demands for more independent functioning. Repeating a grade gives the child a new lease on life. These regressive longings may stem from actual emotional deprivation in infancy and early childhood. However, they may also indicate a regression from the Oedipal struggles. Billy was a boy whose parents were divorced during the first year of his life. The boy remained with his very immature mother who expected him to be much too grown up and responsible. She expected Billy, at age 12, to escort her to movies and other functions and to handle the money for such outings. It so happened that the father was a printer. To this boy's unconscious mind, growing up meant renouncing forever the dependent pleasures of childhood. Reading was equated with stepping into the shoes of the printer father, which would mean really assuming the burden of caring for his mother and being her equal. It was safer to avoid reading, which was too closely allied to the father's work. At 12, Billy was still practically a nonreader. One day in treatment he rejected a book that had been very popular with many children, with this comment about the illustrations, "Those parents are too young. They look like kids themselves."

At times the academic work itself becomes eroticized in the child's feelings.<sup>1</sup> If he reads, the very act of reading seems to be a sexual act and arouses guilt. A 10-year-old boy, Sandy, was struggling along one day with reading a third-grade book. He suddenly looked up at the therapist and said with suppressed excitement, "Gee, I wish we could read a fourth-grade book." The

therapist asked, "Why not?" and offered one. Sandy slowly and tentatively read a fourth-grade paragraph, then said, "Aren't we devils?" This same boy asked a time or two if the lights might be turned out and the reading together done by candlelight, thus revealing how erotically tinged were his feelings about reading. An adolescent girl reported that she very frequently masturbated while reading, even when the content was not in itself sexually stimulating.

Let us turn to some clarification of the type of learning difficulty in which the aggressive element seems more prominent than erotic elements. The Oedipal struggle, as indicated previously, fits into this category also. The sexual elements may be secondary to an overwhelming fear of an injuring, punitive father who might retaliate. Fear of a sadistic father can influence learning, apart from the Oedipal situation. A boy with such a father can so deeply fear the implications of rivalry that he renounces growing up and learning. It is much safer to remain ignorant—someone father need not reckon with. One such 13-year-old boy of normal intelligence, a nonreader, did not know the names of the months of the year, nor even the number of months in a year. Perhaps most important of all was the boy's incredibly bad memory. He had severely repressed most events of his life prior to the tenth year. This repression was constantly reinforced by brutal physical punishment from the father. The boy's defense was to blot out everything at such times, including school learning, and go on from there anew.

We mentioned earlier the positive and negative aspects of oral intake. There is ample evidence that the taking in of knowledge may unconsciously be perceived as the destructive biting and chewing and demolishing of an object. It is possible also for a child to take in, to learn, but to be unable to give up again what he has ingested. His problem may be one either of unwillingness to give up or of fear of use of the knowledge. Using the knowledge would seem to be an aggressive, hostile act. This mechanism is

<sup>1</sup> Augusta Alpert, "Sublimation and Sexualization," *The Psychoanalytic Study of the Child*, Vol. III/IV (New York: International Universities Press, 1949), pp. 271-278.



## Learning Disabilities

often basic in the well-known phenomenon of "freezing" on examinations, which of course may be due to inhibition of erotic as well as of aggressive impulses.<sup>2</sup>

Arithmetic failure may be cited as a case of displacement of aggressive feelings to the processes to be performed. A child's fear of the hostile implications of separation from his mother seems at times to be expressed in an inability to give individual meaning to numbers. One cannot master arithmetic when numbers are interchanged indiscriminately. Furthermore, such children may conceive of subtraction and division as destructive, cutting, dangerous processes that must be avoided. Individual numbers readily lend themselves to fantasies that impede learning. The number three may represent all the possibilities of the Oedipal triangle, and so on.

Displacement of erotic and aggressive drives to school work, of course, implies incomplete sublimation of those drives. Normally school work should offer one of the best possible channels for sublimated expression of these drives. When sublimation fails and displacement occurs, the child is really in trouble.

The impact upon learning of failure to sublimate a drive is seen clearly in curiosity disturbances. In this case the scopophilic tendency—the wish to attain sexual pleasure by looking—fails to be properly sublimated. Normal curiosity is a very important basis for learning. Unsublimated scopophilia leads to inhibition of curiosity and learning difficulty. This problem may be revealed in either of two extremes—a seeming absence of curiosity or an overwhelming amount of counterphobic, anxious exploring. Both the cautiously curious and the aggressively curious child may engage in a kind of furtive peeping at the printed word. Peeping, in the manner of a symptom, affords both gratification and

denial of the wish for gratification. Such children may take a quick glance at the words, then shut the eyes tightly, and try to read from memory rather than sight, as though it is safe to know if one minimizes knowing through vision.

The need to renounce sexual pleasure is not the only reason for repression of curiosity. Curiosity may have implications of destructive aggression. The object of one's curiosity is destroyed in fantasy. A child may feel that he possesses an evil eye, that his very glance "destroys" the object of his vision.

Every very young child is probably at least unconsciously curious about the inside of his mother's body—the mysterious source of new siblings. In fantasy, the child invades to explore. Normally, this urgent and primitive curiosity is sublimated into more acceptable inquisitiveness about the world. If, however, hostility and rivalry dominate the interpersonal relations, the child may wish to explore the mother's body mainly to destroy the imagined siblings or penis within. The fear of retaliation and guilt over the destruction may be intense enough to stimulate repression of curiosity, which, in turn, inhibits learning.<sup>3</sup>

### TREATMENT OF LEARNING DISABILITIES

We come now to the difficult problem of treatment of learning difficulties that involve internal conflicts such as those just discussed. The basic questions might be stated: Can we help these children by dealing primarily with the symptom through a special kind of tutoring, or is it necessary to reorganize the personality by analyzing and interpreting the unconscious conflicts to the child? Is there a middle ground in which a less analytic psychotherapy might cope successfully with the problem? Actually there seems to be a place for all three approaches.

It seems clear that some types of learning

<sup>2</sup> Gerald H. J. Pearson, "A Survey of Learning Difficulties in Children," *The Psychoanalytic Study of the Child*, Vol. VII (New York: International Universities Press, 1952), pp. 322-386.

<sup>3</sup> Melanie Klein, "A Contribution to the Theory of Intellectual Inhibition," *International Journal of Psychoanalysis*, Vol. 12, Part 2 (April 1931), pp. 206-218.

failure will not be helped by any approach less than intensive treatment of the unconscious conflicts. The question is to what extent these children can be helped in a school setting. In the author's opinion this type of complex learning inhibition is much more prevalent than may be diagnosed as such. Many currently alive issues are involved here, such as: Should such treatment be done in a school setting in the first place? If so, are nonmedical therapists well enough trained to do the treatment? If not, what facilities are open to them for training? Is adequate supervision for such treatment within the school setting available?

Let us look at the more middle-ground approach, which actually seems to be the one more widely utilized today in the school setting. The typical once-a-week psychotherapy for children having learning difficulties might include a discussion of this symptom. Within the framework of a relationship, the child's ambivalence about learning may be redirected into more acceptance and less fear of learning. Without actually coming to grips with unconscious conflicts, the child may gain a clearer grasp of reality. His neurotic generalizations about all people being dangerous, for example, might diminish sufficiently to transfer some energy from provocative testing to learning. The very reduction of anxious watchfulness, the feeling of having a protector in the therapist, might release some energy for work.

Tutoring from an exclusively academic standpoint is rarely helpful to these children. A very hopeful approach, however, is one of integrating the tutoring into the therapeutic hour. This is an extremely complex approach, for after all, the very nature of psychotherapy requires removal of pressures upon the child. The therapist must be able to decide whether tutoring can be introduced at all into the treatment hour; if so, just when and to what extent, and in what form? Incorporation of tutoring into treatment may not be at all advisable in a school setting. It may stir up the

teacher's feelings of rivalry and sense of failure; it may arouse the child's resistance to therapy.

Whether or not the psychotherapist herself integrates tutoring with therapy, it is important for her to understand the possibility of matching teaching techniques with the dynamics of the child's problem. A simple illustration is the meaning of the learning materials themselves to the child. Mention was made of Billy's rejection of a book illustrated with too-youthful appearing parents. Another boy, Jack, in the second grade, continued to fail in reading in school long after he was reading beyond age expectation with the therapist. The difference seemed explained by the teacher's insistence that Jack read only the second-grade reader, before having the privilege of free choice of books. In treatment, it had been only free choice, with no book of any degree of difficulty barred. Jack said to the therapist, "The trouble is they think I ought to read only the books *they* want me to read; not the books *I* want to read."

If a child who is failing arithmetic has unconsciously invested his fears of the evil, unknown, into the zero, he is not going to respond very enthusiastically to a chapter entitled, "Tricky Mr. Zero," which actually exists in a currently popular arithmetic textbook. If a child feels unconsciously that separating a word into syllables is cutting and destroying someone, this child will do better in spelling if he studies by putting syllables together rather than tearing them apart. A 9-year-old girl developed a school phobia when a baby brother was born. After discussion of her feelings of abandonment and reassurance that wishes against the brother were not actuality, the girl picked up the anagrams, which she had never before played with, and spelled out her brother's long, difficult name, commenting, "Don't help me. I know it." She was in fantasy restoring the "destroyed" brother.

Devising such teaching techniques for these children requires ingenuity plus knowledge of dynamics of personality de-

## *Learning Disabilities*

velopment, plus knowledge of learning and teaching. There needs to be sharp awareness of whether this approach is actually freeing the child to learn or whether it is only a temporary concession to the relationship.

### **HELPING THE TEACHER**

The social worker's most compelling need to understand the dynamic implications of certain learning techniques is for the purpose of helping the teacher. It would seem that the school social worker could most readily convey to the teacher many areas of understanding that a failing child needs from his teacher. The author believes that many teachers are groping for this kind of understanding—an understanding that is not always offered in teacher training programs.

Many a teacher deals better with both a failing child and his parent when she gains insight into the dynamics of the child's failure. If she can see reasons for the failure beyond herself, she can relax about her status as a good teacher and her sense of failure. A teacher can be helped to create an emotional climate in the classroom for learning. A teacher can acquire insight into the numerous diagnostic signs indicating emotional block in learning. How much more favorable the prognosis if the difficulty is detected early! A teacher can be helped to relax pressure upon a child when she

understands the need for relaxation. She would need very firm support for this today in the face of the attacking accusations against education that it is lax in its demands. Many teachers can become more flexible in their teaching approach and use of materials when they see reasons for doing so. The balance between consistency and flexibility must often be decided in terms of a given child's internal needs. The decision to demand or to give may be a crucial one for the child's learning potential.

If teachers could understand how children come to school with chips on their shoulders, ready to provoke the teacher unconsciously into being the hostile parent, many a learning failure might be averted.

Our long-run goals should be those of prevention of problems. The teacher must not lose sight of her primary function as a teacher. The school social worker's function should be to help the child directly, to interpret to the parent, and to sensitize the teacher to the dynamic importance of her role in the child's life. There is an intensity and permanence about the learning we do in actual experience on the job. Teachers can learn best from skilled guidance on their everyday struggles in the classroom. It is well, however, to keep in mind that no so-called "expert" has all the answers. We will be more likely to find solutions when more disciplines learn dynamic ways of working together.

BY L. L. GEISMAR AND BEVERLY AYRES

## *A Method for Evaluating the Social Functioning of Families Under Treatment*

THIS PAPER is a progress report on an attempt to measure the social functioning of families under treatment, as a preliminary step to measuring change or movement. This approach has its origin in the realization gained through the research work of the Family-centered Project that movement measurements are of limited usefulness without knowledge of the position from which and toward which change takes place. Furthermore, our experience and that of others had shown that it is easier to get reliable evaluation of movement when judges rating movement are able to refer to anchor points delineating the continuum of change.<sup>1</sup>

Our endeavor to evaluate the social functioning of the family rather than that of individual clients has its roots in the work of the Family-centered Project of St. Paul,<sup>2</sup> a pilot project in casework, research, and community organization, aimed at helping seriously disorganized, hard-to-reach families with children in "clear and present danger."<sup>3</sup> The project is an alliance of local agencies, operating with the financial aid of the Hill Family Foundation and under the auspices of the Greater St. Paul Community Chest and Councils. A primary

objective of research in the project has been development of a method to appraise the behavior of the families served.

### CONCEPT OF SOCIAL FUNCTIONING

The project's basic approach in serving families determined the choice of method for evaluation.<sup>4</sup> Throughout treatment the family is viewed as an interacting group, and the individual problems of members are seen and treated in their group context, that is, as affecting all the members of the family. In family-centered casework emphasis is placed on the social functioning of the family, and the concept serves the social worker in the project as a basis for gathering data for his social diagnostic study. It was felt that evaluation should likewise take

<sup>1</sup> For instance, Hunt, Kogan and associates, in the absence of a defined continuum of change, found it necessary to give the movement judges extended training in techniques of scoring before adequate reliability of judgment could be reached. See J. McV. Hunt and Leonard S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association of America, 1950), pp. 17-24.

<sup>2</sup> For a more complete description of the project see Charles J. Birt, "Family-centered Project of St. Paul," *Social Work*, Vol. 1, No. 4 (October 1956), pp. 41-47.

<sup>3</sup> This phrase as used by the project refers to a situation where the immediate physical and/or emotional welfare of the children is being threatened to the extent that the community assumes a clear-cut responsibility to step in.

<sup>4</sup> See *Casework Notebook* (St. Paul: Family Centered Project, Greater St. Paul Community Chest and Councils, Inc., 1957).

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## Evaluating Social Functioning of Families

account of the total family rather than only of individuals or segments of the group.

In early evaluation research Dr. Malcolm Stinson, former director of the Family-centered Project, and Beverly Ayres, research analyst, used the concept of social functioning in a system for documenting movement. This study demonstrated the feasibility of documenting social functioning from case records, and some experimentation on independent evaluation of change in family functioning had proved encouraging. Moreover, a study of Blenkner and Freides, on components of movement, had yielded a high correlation between movement as measured by the total Hunt-Kogan Movement Scale and ratings of "adaptive efficiency," which comprise changes in the effectiveness of functioning in any area of social behavior.<sup>5</sup> This finding suggested that social functioning can serve as a useful index of case movement.

More recent research efforts by the Family-centered Project have revolved around a theoretical clarification of the concept of social functioning, and its redefinition in line with theoretical considerations and added experience in conceptually organizing case material. This subject is discussed in the monograph *Families in Trouble*.<sup>6</sup> The theoretical considerations underlying the methodological approach, therefore, are given here in summary form only.

Our frame of reference views the family as a group of interacting individuals, related by blood, marriage, or adoption, who perform reciprocal roles which are culturally assigned. These roles may be seen as implementing the functions assigned to the family.

The relationship between function and

role forms the clue to understanding the nature of family functioning. The concept of social role refers here to an individual's actual functioning (his behavior, attitudes, and feelings) within the context of a certain social situation. His role provides the link between himself and the broader social structure, by defining his relationship to the social system or systems of which he is a part.

The family may be seen to carry out its socially assigned functions as a result of members' performing the various roles that are the components of family functioning. Adequacy of functioning is contingent upon role performance in keeping with the role expectations of society. Judgment of functioning thus becomes a matter of determining the discrepancy between role expectations and role performance. Role expectations, in order to become a useful criterion for appraising role performance, should ideally be translated into norms of behavior. This problem, a thorny one, will be discussed later. First there is need to explore whether it is possible to identify a universe of social functions which are assigned, as it were, to the families the project is serving.

### PATTERN OF SOCIAL FUNCTIONING

The nine-category pattern used here for abstracting the social functioning of families from the case record was the product of an experimental endeavor undertaken jointly by caseworkers and research workers in the project. Four of the areas require role performance predominantly within the family: *family relationships and family unity, child care and training, health practices, and household practices*. Role performance predominantly outside the family characterizes the four categories of *use of community resources, social activities, economic practices, and relationship to the family-centered worker*. The eight categories enumerated represent an accounting of the manner in which socially assigned tasks are carried out without major regard for who

<sup>5</sup> Margaret Blenkner and David Freides, *The Components of Movement: The Reliability of the Sub-element Scales* (New York: Institute of Welfare Research, Community Service Society, 1951). (Mimographed.)

<sup>6</sup> L. L. Geismar and Beverly Ayres, *Families in Trouble* (St. Paul: Family Centered Project, Greater St. Paul Community Chest and Councils, Inc., 1958). See especially pp. 139-155.

performs them. The ninth category, *individual behavior and adjustment*, reflects the manner in which each family member performs his various social roles.

Role performance outside the family group signifies functioning in those areas where the individual is in contact with the community at large, through his job, his use of resources, contact with neighbors, and so forth. In the case of our families the disturbed character of these relationships was one of the criteria for screening families into the project. A basic hypothesis in this analysis postulates an interdependence of role performances outside the family and those within the family group in the sense that a disturbed relationship between family and community generally reflects some disturbance within the home as well.

The nine-category pattern can hardly be considered a scheme which is adapted to any and all groups of families even in the urban American culture. Its theoretical and empirical basis is the socially disorganized family in contact with social agencies in a medium-sized community.

While the nine-category scheme represents a pattern designed to reflect adequately the total functioning of disorganized families, we do not assume that every area of functioning is equally important in the over-all performance of the family. The relative weight of a type of functioning in the total behavior pattern of the disorganized family can be deduced empirically by means of scale analysis, which indicates: (1) whether the concept of social functioning as organized into a nine-category scheme represents one common underlying variable; and (2) whether the categories constitute a particular hierarchy where an over-all score will provide some clue to the categories likely to show problematic functioning. One would expect the areas of *family relationships and family unity* and *child care and training* to be more basic to total family functioning than, for instance, *social activities* and *household practices*.

Each one of the nine categories in the pattern of family functioning was subdivided into from two to five subcategories, making a total of twenty-six subcategories.<sup>7</sup> The area of *economic practices*, for instance, was broken down into: (1) source and adequacy of income, (2) job situation, and (3) money management. The main categories thus represent a composite of the functioning in the respective subcategories.

The pattern of functioning described here opened the way for characterizing in detail the functioning of a family. Systematic collection of data was accomplished with the aid of a structured form, the "Schedule of Family Functioning,"<sup>8</sup> used by the caseworkers in writing their initial social studies, evaluations at periodic intervals and closing summaries, as well as by researchers in documenting family functioning at the beginning of treatment and at later points in the treatment process.

#### LEVELS OF SOCIAL FUNCTIONING

The social work discipline is no less guarded than the nonapplied behavioral sciences in its use of value judgments in research. The evaluation of the functioning of individual clients or client families, inevitable in casework practice, is viewed with serious reservations when used in research on groups of clients. It is suggested here that the standards of evaluation, implicit in the work with each individual family, form a basis

<sup>7</sup> An earlier version of the detailed pattern of family functioning is given in *Families in Trouble*, *op. cit.*, pp. 157-159. The revised pattern used in this study will be contained in a manual, now in preparation, on measuring family functioning.

<sup>8</sup> The "Schedule of Family Functioning" is a 13-page form containing a face sheet and at least one page for each of the nine categories of social functioning. Each page is divided in half with the left side for the "Beginning Situation" and the right side for describing social functioning as of a certain date, such as yearly evaluation or closing. Except for title and dividing line, pages are blank and a narrative form is used to fill in information on functioning in that category.

## Evaluating Social Functioning of Families

for evaluating the functioning of groups of families.

The families under treatment in the Family-centered Project are characterized by their inability to fulfill adequately many of the functions assigned to them by society. Since most of the families are resistant to services when first approached, the project worker is in need of a strong justification for persisting to offer treatment. The rationale for such persistence, which is generally verbalized in the early contacts with hard-to-reach families, states that their behavior represents a concern to the community.

In order to utilize the concept of community concern for evaluation purposes it was necessary to translate this into quantitative symbols that could be manipulated statistically. This was done by defining benchmarks on a dimension of adequacy of social functioning. Caseworkers and researchers agreed that the construct of minimum level of functioning or *marginal functioning* could serve as a central anchor point of a social functioning continuum whose extremes were designated as *adequate* and *inadequate*.

The concept of *marginal functioning* implies behavior that is in keeping with minimum requirements for the protection of the family and the community. These requirements include the maintenance of physical and mental health, the preservation of a degree of family unity that will provide a basis for socializing the children, and the prevention of law violations and other deviations putting an undue burden upon the community. Marginal functioning refers to behavior barely above the level at which the community has a right to step in.

*Inadequate functioning* on this same scale of values refers to behavior that clearly en-

titles the community to intervene because laws are being violated, the welfare of the community threatened, and the well-being of the family seriously jeopardized.

The main difficulty arises in attempting to define *adequate functioning*, because of the problem of formulating the universe and range of behavior which characterizes the multiproblem culture. It has been hard for us to state definitions of adequate behavior—especially in the upper range—even though the project workers have had considerable experience in serving disorganized families. Nevertheless, our early attempts suggest that the caseworkers are not applying middle-class standards but have, through their working identification and experience, acquired a more realistic set of expectations.

The three levels of functioning were spelled out for each subcategory of family functioning in the Levels-of-Functioning Scheme.<sup>9</sup> These levels were used as anchor points in a seven-point scale, with adequate and inadequate functioning representing the scale boundaries and marginal functioning denoting the central scale position. On either side of marginal functioning two additional scale points were placed whose content was not spelled out. The continuum of social functioning then reads as shown on the scale below.

Judgments on family functioning plotted by areas and subcategories provide a profile of family functioning which represents graphically the behavior of each family measured against the Levels-of-Functioning Scheme. The scheme was designed for the evaluation of the functioning of disorganized families and should be viewed as a frame of reference for "measurement in

<sup>9</sup> The scheme is part of the manual under preparation.

Inadequate	Near Inadequate	Sub Marginal	Marginal	Above Marginal	Near Adequate	Adequate
X	0	0	X	0	0	X
1	2	3	4	5	6	7

process," which will be modified as a result of better knowledge of the families studied. It is not a tested measuring stick even for the multiproblem type of family. The utility of the Levels-of-Functioning Scheme hinges chiefly upon the feasibility of evaluating reliably a group of families under treatment.

#### RELIABILITY OF JUDGMENTS<sup>10</sup>

Having designed a technique for measuring the social functioning of the family, there was need to test the reliability of that technique, that is, to assess the degree of agreement among judges concerning the levels at which particular families were seen to function. We felt that at least three independent judgments were necessary to establish minimum criteria of reliability. Two research workers with some experience in social work and a casework supervisor were subsequently chosen to judge schedules of family functioning on thirty-six client families. These cases had been opened in the Family-centered Project during 1954 and 1955 and had come up for review and evaluation by the casework supervisory staff between July 1956 and August 1957. Every case had received at least twelve months of family-centered service, the average length of treatment being 29 months.

<sup>10</sup> We gratefully acknowledge the valuable assistance of Mildred Conlan and Katherine Tinker in writing case schedules and in evaluating levels of functioning on families included in the reliability study.

"Schedules of Family Functioning" were completed, on the basis of random assignment, as follows: One set of twelve schedules was prepared by five caseworkers, each doing one or more of the cases he carried himself. A second set of twelve schedules was written by two research workers from review of the case records. The remaining twelve case schedules were written by a caseworker not connected with the project, also on the basis of case records.

The schedules describe the social functioning of the family at the time it was accepted for services and during the period of treatment. However, the present analysis is concerned only with the "beginning situation." Such functioning takes into account the period of the first four interviews with one or more members of the family, which occur within four to eight weeks. Other factors in the family situation one year prior to screening in, especially adjudicated behavior, are taken into consideration for purposes of writing the beginning situation.

With regard to the criterion of reliability, the question arises as to what constitutes an acceptable degree of agreement. It did not seem reasonable to expect complete agreement on one position of the seven-point social functioning continuum. It was felt that agreement by three independent judges on identical or adjacent positions would be a sufficiently rigorous criterion. The extent of agreement on positions is given in the following table:

AGREEMENT IN JUDGMENT ON LEVEL OF SOCIAL FUNCTIONING

Judgment Checks in	Main Categories		Subcategories	
	Number	Percent	Number	Percent
Agreement	287	88.6	676	81.5
Same Position	121	37.4	255	30.7
Adjacent Position	166	51.2	421	50.8
Disagreement	37	11.4	154	18.5
Three Positions	32	9.9	124	14.9
Four Positions	5	1.5	28	3.4
Five Positions	—	—	2	.2
Total	324	100.0	830	100.0



## Evaluating Social Functioning of Families

Agreement on the main categories of family functioning is higher than on the subcategories because the former represent a composite judgment of the latter, which results in a leveling off of disagreements. In scoring the main categories, subcategories were weighted judgmentally in terms of the relative importance of a subcategory in the configuration of functioning denoted by the main category. In some instances a subcategory was not considered at all because it was inappropriate, as in a situation where the adjustment of the father could not be taken into account since he was no longer part of the family.

Judgments on level of functioning were made in every case on all the main categories but only 88.7 percent out of 936 possible judgments on subcategories were made, because information was not present or the subcategory was not appropriate. Of the 106 instances in which one or more judges failed to judge functioning there was agreement on 67 (63.2 percent) that information was unknown or the category irrelevant.

A standard deviation of 1.30 for the average of three independent ratings indicates a limited scatter of judgments over the seven-point continuum of social functioning. Yet preliminary analysis of the relation of scatter and reliability indicates that the agreement achieved is not a function of the limited scatter of ratings.

### INTERRELATIONSHIP OF CATEGORIES

The rationale for the choice of the nine categories of social functioning was presented earlier. A theoretical distinction had been made between four areas of functioning requiring role performance mainly within the family and four areas where role performance mainly outside the family is indicated. As a basic hypothesis of this study we had postulated an interrelationship between the two spheres of family functioning.

Beyond this hypothesis it had been as-

sumed that the pattern of family functioning constitutes a common variable on which the areas arrange themselves in a manner approximating a unidimensional continuum. The Guttman technique of scalogramming, generally used for the measurement of attitudes, appears applicable in problems such as the one cited.<sup>11</sup> Scalogramming the nine main categories of functioning for the thirty-six families studied required trichotomizing the seven-point scores into below marginal (0), marginal (1), and above marginal (2) functioning and assigning to each family a total score ranging from a theoretical zero (below marginal functioning in all categories) to eighteen (above marginal functioning in every category). The actual range was from four to eighteen, with a mean of eleven and a standard deviation of 3.5.

An arrangement of the nine categories of family functioning by sum totals of functioning for the thirty-six cases gives the following sequence of categories:

Category of Functioning	Score of Family Functioning (7-point scale trichotomized)
Individual behavior and adjustment	21
Child care and training	33
Family relationships and family unity	40
Health practices	41
Use of community resources	47
Household practices	48
Social activities	51
Economic practices	52
Relationship to family-centered case-worker	53

The application of the Cornell technique of scalogramming family functioning yielded a coefficient of reproducibility of .75 (coefficient of minimal marginal reproducibility .48), which falls short of the generally accepted criterion of .90 as repre-

<sup>11</sup> Margaret J. Haygood and Daniel O. Price, *Statistics for Sociologists* (New York: Henry Holt & Co., 1952), pp. 144 ff.

senting satisfactory scalability and puts our functioning pattern in a "quasi-scale" category. This is interpreted generally to mean that the variable has characteristics of a unidimensional scale but is not fully scalable. In practical terms this means that over-all scores for family functioning allow for some degree of predictability regarding the areas in which functioning is likely to be problematic.<sup>12</sup> More specifically, as scores for over-all functioning become smaller, there is an increasing tendency for problematic functioning to spread from the areas at the top of the chart to those at the bottom.

The scaling pattern suggests that limited malfunctioning is more likely to occur in areas requiring role performance within the family than in those involving relation to agencies, communal institutions, friends, neighbors, and so on. However, the interdependence of the two types of functioning was indicated by the rejection of the null hypothesis of independence of the two variables by a chi square of 22.28, which with six degrees of freedom is significant at about the .001 level. This can be interpreted to mean that the nature of functioning in the family is significantly related to such functioning in the community at large.

The above finding can serve as a promising cue for research aimed at identifying disorganized families. The more ready availability of data on the families' relationship with the community than on intrafamily functioning should enable the researcher to develop indices of family disorganization on the basis of data that are at the disposal of most agencies working with multiproblem families.

<sup>12</sup> In spite of a low coefficient of reproducibility a certain stability of pattern is indicated by the fact that an earlier study of multiproblem families yielded a similar hierarchy of categories, the one major shift in position (Economic Practices) being due to a change in definition. See *Families in Trouble*, *op. cit.*, pp. 63-64.

## SUMMARY

On the foregoing pages we discussed the theoretical foundations of a scheme to evaluate the social functioning of seriously disorganized families receiving family-centered treatment. Social functioning was defined as the way in which the family carries out its socially assigned functions and the manner in which family members perform the roles expected of them. We undertook to define level of performance of functions and roles in terms of minimum standards of behavior necessary for the welfare of the family and the protection of the community.

The evaluative procedure was tested for reliability on a sample of thirty-six family cases. These were written up in terms of the pattern of family functioning developed here and scored by three independent judges on the basis of a Levels-of-Functioning Scheme, designed as a measuring stick against which the actual functioning of the families may be judged. The reliability of measurement is considered satisfactory.

The interrelationship of categories in the pattern of functioning has been examined by scale analysis. Results suggested that the concept of social functioning, when organized into nine categories of family functioning, shows characteristics of a unidimensional scale. Our hypothesis of an interdependence of functioning within the family group and outside of it is supported by the study.

Future steps in this research now being taken by the Family-centered Project include an examination of the reliability of schedule writing, with three different persons abstracting the same set of cases, and a study of movement in families by evaluating social functioning during different periods of treatment. It is also planned to extend the analysis to larger samples of families both for purposes of strengthening the empirical basis of the present approach and in order to form a clearer picture about the social functioning of the disorganized family.

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# POINTS AND VIEWPOINTS

## *Defining the "Problem Family"*

ALWAYS THE PROBLEM of the "problem family" concerns social workers. At various times the *root* of the problem of the "problem family" has been seen to be poverty or alcoholism or poor health or bad housing or the like, and it was thought that if one of these evils could be eradicated, the problem family would become adjusted in society. But increasingly it was seen that family relationships, personality development of family members, and the interplay of internal family stresses with outside forces over which the individual family had no control were involved in the problem.

At any rate, greater knowledge has caused social workers to see the problem family now as a much more complicated problem than we did a generation ago.

Among the terms currently used in the literature to designate the most severely maladjusted problem families are "hard core," "multiproblem," and "hard-to-reach." The Family-centered Project of St. Paul has given us a specific definition of what it means by the problem families it serves. There must be at least one child under 18 in "clear and present danger" either through delinquency or verified neglect, and a complicating family problem of an economic or health nature. If agencies are to compare research, treatment experimentation and results, the St. Paul definition has enough precision to merit its being uniformly used. The St. Paul project has already shown that many problem families can be reached by persistent, understanding effort. We also know that there are many families resistant to help who would not meet the definition. So "hard-to-reach" is not an exclusive term which defines the severe problem family. The term "multiproblem family" is obviously too unspecific

to be used for study purposes. While the St. Paul definition may be refined further, its use by other agencies and in the literature seems clearly indicated.

Having argued for the St. Paul definition of a problem family, let me say now that the term "hard core," which is used extensively, needs examination. It has a popular, unscientific ring and is somehow socially offensive; its use by the social worker, the board member, the newspaper writer dissociates the more fortunate from the family whose problem is in large measure the product of the society to which we all belong. A more scientific term is needed, and if one cannot be found, then a more compassionate term for these deeply troubled families who are our neighbors.

RALPH ORMSBY

*Family Service of Philadelphia*

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## EDITOR'S PAGE (Continued)

To sum up the characteristics of scientific knowledge today, then, I would say it is mostly new; it has not been digested; it is not part of man's common knowledge; it has become the property of specialized communities who may on occasion help one another but who, by and large, pursue their own way with growing intensity further and further from their roots in ordinary life.

He does say that we need not absolutely despair because *practical consequences* can be talked about, but it is our certain belief that social work practitioners and researchers must work together to find means of communication that do not rest entirely on the understanding of difficult concepts. There is no doubt that there must be great changes in educational disciplines that will make it easier for us to work together; as we do, increase in understanding will be a *probable*, if not an altogether *predictable*, consequence.

—G. H.

75

pace-setting, experience-reporting, process-analyzing  
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## *The Public Welfare in an Affluent Society*

REVIEWS ON WRITINGS in economics are sufficiently rare in this journal to warrant an explanation for including comments on *The Affluent Society* by John Kenneth Galbraith (Houghton Mifflin, 1958). First of all, Professor Galbraith presents a vivid, jargon-free discussion of the fundamental problems of economics (whose intricacies may have kept most of us from progressing beyond the freshman course in that discipline) and analyzes the theoretical and practical solutions offered by the foremost economic thinkers over the past two hundred years. Having thus set the stage, he introduces several new concepts of his own. These concepts are broad ones; they are not intended to be a refinement of current theory, but rather a challenge to what has been accepted as doctrine by economists as well as to the less clearly defined body of beliefs shared by professionals in the field and lay people alike which the author has appropriately labeled "conventional wisdom." A similar "academic" revolution in the thirties initiated by J. Maynard Keynes has led to pervasive changes in economic philosophy and policies during the subsequent decades—not so different perhaps from the impact of Freud on the theoretical, clinical, and folkways level better known to social workers.

But Galbraith is not willing to sit back and wait for this unpredictable process to occur. Instead, he uses his insights into the workings of the American economy to propose definite policies to promote greater national welfare. Consideration of these policies can be important to all of us as responsible citizens. Their adoption would profoundly affect the climate in which social workers in their professional role are

operating, both on a nation-wide scale and in narrower, localized situations.

Galbraith's main thesis can be stated as follows: Contemporary economic philosophy and policies are based on an obsolescent preoccupation with production which stems from an age where maximum production was required to meet the basic needs of the population. In our present-day American economy, in the "affluent society," production by far exceeds these needs and must cater to artificially stimulated wants in order to keep going at a rate close to full employment. In placing such emphasis on production, the social value of the goods thus produced becomes irrelevant, and insufficient attention is paid to investment and production in those areas where public rather than private enterprise alone must be operative, e.g., education, public health, conservation, and so on. This creates a continued "social imbalance" (one of the new terms introduced by Galbraith) which implies a precarious economic situation with built-in inflationary tendencies and moderately severe unemployment and production cycles as well as underinvestment in the "human factor" in the economy.

The author argues with conviction that most of these problems could be solved once we (and this means conservative economists, businessmen, union leaders, politicians, and traditional liberals alike) recognize that ever since the depression of the thirties our main political and economic concern really has been with the maintenance of full employment rather than with maximum production. He notes that the goods *not* produced as a result of the minor postwar recessions were hardly missed, but that the individual incomes lost through

unemployment certainly were! There are several policy proposals which follow from this emphasis on the overwhelming importance of full employment:

1. Adoption of a Cyclically Graduated Unemployment Compensation (CGC). This would be designed to supplement the present unemployment compensation system and come into effect when unemployment figures nationally, or possibly, regionally, exceed the maximum amount of unemployment associated with what is considered full employment. When unemployment is high, this compensation should be quite close to the average earned in prior employment; as unemployment decreases and jobs become available again, compensation also would be automatically reduced. In this fashion, inflationary pressures at that stage of the business cycle can be kept to a minimum, voluntary idleness discouraged and consumer purchasing power not much curtailed as a result of unpredictable swings in the economy. As these swings and the concomitant unemployment cannot be forecast on an actuarial basis, the cost of the CGC should be incorporated into the federal budget, rather than paid out of social security funds. It would be operated on a federal, rather than on a state level.

2. Insistence on greater investment in the human factor as the most effective way to reduce persisting inequality in a democratic society and to maintain a stable economy as well as to insure national survival. (In the post-Sputnik era at least this last argument has been incorporated in the "conventional wisdom," but Galbraith points out that it would be much easier to obtain a greater investment in human resources if a large share of the federal expenditures were not devoted to military expenditures which are considered respectable while similar outlays for schools, mental health, research rate much lower.)

3. Acceptance of the sales tax as the most efficient and comparatively least painful means of transferring funds from the private sector of consumption to the neg-

lected public services on the local and state level.

Some of the author's remaining suggestions are less specific and less relevant to social work, but his prescriptions for the control of poverty fall more directly into the social worker's bailiwick. Galbraith contends that in our society poverty no longer is the near-universal affliction it has been in the past and still continues to be in most other parts of the world. For this reason the truly poor—at a minimum the less than 8 percent of the nation's families earning less than \$1,000 in 1955—no longer attract the solicitous concern of politicians; nor is the study of poverty any longer a fashionable undertaking for economists such as it has been in the past.

Yet the attitudes of the community at large are still those of another age which may have been justified in demanding that for all practical purposes those that do not work shall not eat, regardless of the reasons for their inability to produce. At the present Galbraith sees no excuse for such attitudes nor indeed for the continued prevalence of poverty. According to him, poverty in the United States falls into two classes: case poverty and insular poverty. Case poverty he conceives as owing to mental or physical disabilities, insufficient education, excessive family size, poor work habits, racial discrimination, or any combination of these and similar factors. Insular poverty prevails mainly in the resource-shy regions where people are reluctant or unable to migrate. Both these types of poverty are quite unresponsive to the general advance in production and income. Here, too, the author argues for a greater investment in the human factor, to create the kind of environment and opportunities in housing, schools, medical services, and employment which will at least prevent the perpetuation of such poverty to another generation.

There is nothing strikingly new in this particular line of argument which has been made in many different contexts, and possibly presented in a better documented

## Book Reviews

and sophisticated fashion.<sup>1</sup> In fact, social workers may feel that the author treats residual unemployment and multiproblem families too casually. Yet, by pointing up the meaning and function or lack of function of poverty in the American economy, he puts the social worker's attack on these stubborn holdovers of a harsher age on a more respectable and hard-boiled foundation.

Professional economists no doubt will take exceptions to Galbraith's restatement of today's economic dilemmas and thence to all or some of his proposals. Yet it is quite likely that in the course of controversy his concepts will creep into academic economics as well as practical politics. (Galbraith is a professor at Harvard and has served as Stevenson's campaign adviser.) There are also certain puzzling gaps in his broad-ranging discussion: While paying due attention to the requirements of national security in competition with the Soviet Union, he barely mentions the delicate position of the affluent society vis-à-vis the "have-not" nations of the world, which may yet call for a reformulation of the economics of affluence. Nor do we find any speculation on the impact of the post-war population boom in this country on our future economic problems. In the discussion of the cyclically graduated compensation scheme one misses a reference to its relation to the special security provisions incorporated in some of the major collective bargaining agreements. Further clarification seems to be called for on another important point: By confining his discussion of poverty to the proportion of the population with cash incomes below \$1,000 (in other words to those individuals or families living at a subsistence level not so different from that of the poor of an earlier period), Galbraith reduces the dimensions

of the problem to a more manageable size than if he had chosen a figure such as \$2,000 or even the current income ceiling for applicants with large families for public housing projects. Perhaps it will take the cumulative impact of more refined studies of low-income families—such as the one recently undertaken in New York under the auspices of Governor Harriman's Interdepartmental Committee on Low Incomes—to indicate to us whether a much larger group than the one chosen by Professor Galbraith should not be considered among the *de facto* as well as the psychologically "poor" in the framing of social and economic policies.

GITTA MEIER

Ann Arbor, Michigan

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<sup>1</sup> See, for example, Bradley Buell and Associates, *Community Planning for Human Services* (New York: Columbia University Press, 1952); Jessie Bernard, *Social Problems at Midcentury: Role, Status and Stress in a Context of Abundance* (New York: The Dryden Press, 1957).

**GOVERNMENT AND SOCIAL WELFARE.** By Wayne Vasey. New York: Henry Holt & Co., Inc., 1958. 501 pp. \$5.00.

Mr. Vasey states in the preface that "this book has been written in the hope that it will shed some light on the subject of the respective roles of federal, state, and local government in this area of service. It has been prepared primarily for the undergraduate and graduate students in social welfare. It does not purport to be an exhaustive treatise on the theory underlying government support for, and provision of, welfare services; it is intended instead to be a descriptive text of current social welfare programs and of the measures which have been developed, the nature of the needs they meet, and the network of organizations which have been established to administer all these services."

The author, director of the Graduate School of Social Work of Rutgers University, is eminently well prepared for writing on this subject by his personal experience in local, state, and federal welfare administration.

Part I describes the scope of needs and services, the historical development of public welfare and its relationship to voluntary agencies. In Part II, specific goals and major features of the programs are described with special emphasis on eligibility requirements. The wide variation in state and local programs is fully developed. In Part III, the organization and administration of welfare services on federal, state, and local levels are described.

Many undergraduate students in social work courses will find Part II of this book particularly helpful in enabling them to achieve a fairly comprehensive understanding of the nature and provisions of social welfare programs provided through tax-supported funds. Graduate students in social welfare are more likely to be interested in the total book. Mr. Vasey stresses the importance of professionally qualified personnel and leadership in the administration of government programs. Public

welfare today needs professional personnel who are competent practitioners. "But also needed are supervisors, administrators, and people at all levels of professional employment who have the qualities of leadership needed to convey a better understanding of human needs."

This book covers a large body of material, organized effectively and written concisely with selected references for each chapter. It provides broad orientation for the beginning student and useful reference for the social worker.

JANE G. JUDGE

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Bronxville, New York*

**READINGS IN MEDICAL CARE.** Edited by the Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine. Chapel Hill: The University of North Carolina Press, 1958. 708 pp. \$6.50.

As suggested by the title, this volume is a compilation of basic and authoritative studies and literature in the field of medical care. It is divided into thirteen chapters, each of which covers a major aspect of the organization and administration of medical care in the United States. Although the sequential nature of the various facets of the subject is highlighted by chapter arrangement, each chapter is sufficiently complete to be utilized as a separate resource.

Inasmuch as the Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine prepared this volume in response to a widely felt need for teaching material in the field of medical care, it probably will be used most extensively by faculty members and students in the professional schools of the different health professions. Since all the members of these professions need actual knowledge about past and present problems and accomplishments in the field of medical care in order to understand and to relate intelligently to the current scene, the volume will likewise be appreciated by practitioners.

*Social Work*



## Book Reviews

In the foreword, Dr. George Packer Berry emphasizes the responsibility of medical schools for the development and implementation of a curriculum that will prepare medical students for leadership roles in the endeavors of our democratic society to extend the benefits of expanding scientific knowledge to the service of mankind. Dr. Berry declares that "the rapid changes in our industrial society and the equally rapid changes in medical science mean that the framework and content of medical care and health service will inevitably have to change. . . . Medical students must be helped to understand the interaction of social forces in order to be instrumental, as physicians, in molding and guiding this interaction in such a way as to provide at the least expense the finest type of medical care for the greatest number of people."

Practitioners of social work likewise must be knowledgeable about significant developments which have fashioned the present scene in medical care in order to understand the issues which are involved. As members of society and as professional participants in an ongoing problem-solving process directed toward the enhancement of the health and social functioning of people, social workers must be equipped to arrive at informed and balanced judgments about controversial questions in the field of medical care.

*Readings in Medical Care* is a valuable reference source for courses in schools of social work which deal with the general concepts of health and disease and with the social organization of medical care. One or more copies should therefore be placed on the reference shelves of all schools of social work and appropriately utilized as required reading. It will likewise be a valuable addition to the library of social work practitioners in health and medical care agencies who frequently have need for authoritative reference material in these fields.

ELEANOR COCKERILL

Graduate School of Social Work  
University of Pittsburgh

### New Books

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**ORTHOPSYCHIATRY AND THE SCHOOL.** Edited by Morris Krugman. New York: American Orthopsychiatric Association, Inc., 1958. 265 pp. \$4.00.

*Orthopsychiatry and the School*, edited by Morris Krugman, is a compilation of papers and articles dealing with the important subject of bridging the gap between psychiatry and education. Published under the sponsorship of the American Orthopsychiatric Association, Inc., the book exemplifies the multidiscipline approach and describes many different situations where orthopsychiatry and the schools have developed mutual understanding with effective results.

The papers—and there are twenty-six of them—deal with a great variety of settings, experiments and viewpoints. Child guidance clinics within the school are as ably championed as the position that psychiatrists should be consultants only. There is a wide variety of approaches to the problem including the importance of the emotional climate of the classroom in an excellent

article by Rose Goldman. There is the discussion of what kindergarten entry means not only to the child but also to the families involved. There is a description of a five-year experiment which makes use of group therapy in modified form in a school setting with regular, though very carefully selected, teachers who with the technical help became skilled as leaders. As a follow-up another paper describes the integration of these emotional disturbed children into a normal school program. There is a thoughtful section on teacher education in mental health and another which deals with the adolescent.

One thread runs through all the papers as a clearly defined unifying idea and that is the pressing need for more understanding and use of orthopsychiatry in the school for the benefit of the large numbers of children who need special help. Early and careful diagnosis is emphasized repeatedly. The book should appeal to any social worker concerned with children since school and school problems are so much a part of

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the life of every child. Especially it should appeal to those social workers who work within the school setting itself as the part of the personnel of the school, although little mention is made throughout the book of the school social worker per se. Yet this school social worker who is well versed in understanding the attitude of the teacher and of the psychiatrist is in a key position to bridge the gap between orthopsychiatry and education in her thinking and daily job.

That more understanding is needed is abundantly clear in various discussions within the book itself. There is often a tendency to stereotype teachers and administrators. For the most part there is little appreciation of the whole school as an influence in behavior although there is consideration in this connection of the smaller unit in the classroom. The use of the school as a tool of treatment is not considered. The whole area of the effect on children of curricula, modes of discipline, pressures for conformity, class size, and so on, could very well be explored in a multi-

discipline approach to solving some of the problems of the modern school. Attention throughout the book is focused largely on the solving of individual problems and on the weeding out of the most disturbed children. A wider base of understanding is possible in terms of what is happening to all children at a given age level by virtue of the requirements and standards of their schools.

The really exciting thing about the book is the evidence here presented that many experiments are going on in schools across the land in an attempt to bring the richness of psychiatry to bear on the everyday problems of the school. Education is ripe for experiment now in these days of harsh criticism and Sputnik-engendered soul searching. It seems historically the perfect time to forge ahead with all the creative thinking at our command to try different methods, make extensive observations, and use all our skilled knowledge for brave new designs in our schools.

GEORGIA HAUPT  
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**THE PSYCHIATRIC HOSPITAL AS A SMALL SOCIETY.** By William Caudill. Cambridge, Mass.: Published for The Commonwealth Fund by Harvard University Press, 1958. 406 pp. \$6.50.

This volume is another of the valuable contributions to the emerging literature from a social science point of view on areas which affect treatment practice of all the helping professions. The author acknowledges his stimulation by such works as *Therapeutic Community* by Maxwell Jones, *The Mental Hospital* by Stanton and Schwartz, and *From Custodial to Therapeutic Patient Care in Mental Hospitals* by Greenblatt et al. It is not addressed to social work per se, and the analysis does not deal with the role or function of a social service department within a hospital structure, but focuses on the configuration of patient, resident psychiatrist (therapist), nurse, and senior psychiatrist (supervisor and administrator). However, the implications of the findings for all areas of practice—including social work in this kind of setting, in other institutional settings, and in social agencies—are marked, since the bulk of social work practice takes place within social structures which by their nature have consequences for the treatment practice which they offer.

Within the hospital studied the author's purpose is to attempt to identify and understand the social processes taking place so that "it will be possible to utilize fully the potentialities of the hospital as a therapeutic community." He poses his approach not in lieu of psychodynamic analysis of behavior, but as a source of additional data on "... how the behavior of people is in considerable part a function of the social setting within which they act and how the setting operates to influence behavior in many subtle ways. . . ." His position is that this kind of understanding may contribute substantially to broadening the base of the psychodynamic approach of the practitioner. He is more concerned with the attitudes of individuals in the various categories, by groups as wholes, and their

relationship within the hospital hierarchy than with the formal organization of the hospital per se.

Since much of social work and psychiatry continues to emphasize the interpersonal and intrapsychic components of behavior, Caudill's assertions and later demonstrations emphasize the importance of other dimensions in viewing behavior as a totality.

The mental hospital is no new area of study for the author, a cultural anthropologist. He will be remembered as the patient-participant observer in an earlier study in the same hospital. At that time, in collusion with the director of the hospital, but without staff knowledge, Caudill was admitted as a patient and the resultant article was published in the *American Journal of Orthopsychiatry* by Caudill, Redlich, Gilmore, and Brody.<sup>1</sup> The ethical, personal, and practical problems posed by this method of covert observation have been discussed elsewhere and are reviewed in the first section of this volume in establishing the basis for the methodology developed and utilized in the study reported here. This time the work was undertaken with full knowledge and co-operation of patients and all levels of staff, and the method of data gathering was systematic and elaborate. The author spent hundreds of hours on a locked ward, on open wards, attending and recording daily administrative conferences and clinical conferences, obtaining a running account of the senior staff interaction from the head of the hospital, obtaining from the senior staff accounts of their supervision of the residents, reading the residents' daily progress notes on their treatment of their patients, studying the daily nursing notes, and conferring informally with nurses and residents. In addition, patients and staff were individually interviewed with the use of a unique set of pic-

<sup>1</sup> William Caudill, Fredrick C. Redlich, Helen R. Gilmore, and Eugene B. Brody, "Social Structure and Interaction Process on a Psychiatric Ward," *American Journal of Orthopsychiatry*, Vol. 22, No. 2 (April 1952), pp. 314-333.



## Book Reviews

tures drawn for this study and representing everyday happenings in life in the hospital. The pictures were shown as simple graphic representations and readily identifiable as intended. The author notes that this technique is similar to that used in the Thematic Aperception Test, and he used his material to analyze attitudes held by patients and persons on various staff levels toward everyday events in the hospital, and to determine how various groups evaluated their own roles and the roles of others in the social structure of the hospital.

By choice, the author elected to assume a "minor functional role" in the hospital, to be more readily identifiable, and did some work in connection with the patient activity program, carefully avoiding any part in decision-making.

The volume is divided into five sections discussing the problem and setting; the interrelationships within the hospital; perceptions of the hospital; administration of the hospital; and implications and suggestions for further study. It is all presented in well-organized and readable fashion with fascinating pieces of verbatim recording used as illustrations throughout the text.

Among the findings that social workers will probably find of particular interest are the author's picking up on the apparent interrelationship between the patient's capacity to relate, whether or not the patient posed administrative problems, and the patient's therapeutic progress. The content presented makes it painfully clear that any given patient's progress may be as grossly affected by the administrative problems he presents as by the technical therapeutic problems involved. It also becomes evident that a source of administrative misunderstanding is often a lack of knowledge of patient experience on the ward and/or poor channeling communication of the observations made. What the author calls "collective disturbances" in the mood and general atmosphere of the hospital is one of the most informative pieces of analysis in the text. Descriptions in the rhythm of insti-

tution life often considered to be disturbance among patients and generally attributed to the vagaries of the illnesses involved are seen possibly to represent unsettled states among staff, lack of clarity regarding actions to be taken, and disagreement between role groups (e.g., permissive psychiatric residents opposing nursing routines for housekeeping purposes).

As a device the various areas of analysis all refer to a critical period of "collective disturbance" in which the author first traces the admission and treatment of one patient, the administrative problems involved, the patient-to-patient interaction, thus highlighting the whole range of problems examined.

Mr. Caudill's is a volume well worth reading.

IRVING WEISMAN

*Hunter College  
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New York, N. Y.*

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**MARRIAGE COUNSELING: A CASEBOOK.** Edited by Emily H. Mudd, Maurice J. Karpf, Abraham Stone, and Janet Fowler Nelson. New York: Association Press, 1958. 488 pp. \$6.50.

This book undertakes to set forth both some of the theory of marriage counseling and many illustrations of practice. As an official publication of the American Association of Marriage Counselors, it presents 41 case examples contributed by 38 members of the association. Most of the contributors are not social workers but members of related professions including physicians, psychologists, educators, and ministers. The book is not intended as a popular treatise, although it might serve such a purpose. Instead, it is meant to be a comprehensive examination of the field, and is addressed primarily to those who are professionally active in it. Unfortunately, there is comparatively little material in it representing the most advanced practice of social workers, and for this reason its value for social workers engaged in marital counseling is more limited than it might otherwise be. The over-all view of the field which the book does give, and its concrete illustrative character should make it quite useful to students.

Several contributions by social workers do give some concrete picture of what the field of social work has to contribute to an understanding of marital counseling. One is impressed, however, with the different levels of sophistication revealed by the 38 contributors and this applies to the social workers as well as to the members of other professions. The general point of view conveyed in the book is an interdisciplinary one. Within the disciplines, however, one finds much difference of orientation, level of development, and general understanding of what goes into help-giving and help-taking. As a result the reader is left with an impression of great unevenness.

Perhaps with this many different contributors with different backgrounds and with different areas of practice such unevenness

*Social Work*

## Book Reviews

is to be expected. Counseling with college students on a premarital level is manifestly different in character from the practice and discussion of a physician with a marital partner whose physical problem complicates a marital relationship. Since the book attempts to exemplify all important areas of marriage counseling including problems of sexual adjustment, dominance and submission, extramarital relationships, counseling at the engagement level, and many others, it is hardly possible to maintain consistency in point of view or in practice.

The several chapters which deal with generic principles and which reflect less diverse authorship are more consistent in character. One introductory chapter lists six elements in the counseling process, namely, establishment of rapport, reduction of hostility, development of insight and objectivity, re-orientation, development of new objectives, and perspectives and implementation. These are, of course, general objectives to be found in any counseling process and certainly are not indigenous to marital counseling.

One might wish that this book would establish some of the distinct characteristics of marriage counseling, as contrasted with other forms of help, and that it would do so through analysis of common factors to be found in all the illustrations of marriage counseling which it presents, rather than on the basis of common objectives in all counseling situations. How many common elements one might find in so many diverse types of practice, and so many and different ways of recording what actually took place, is hard to say. Perhaps this volume will be followed some day by one in which there is a consistent method of recording case examples, on the basis of which an analysis might be made of all those factors which characterize this diverse yet specific realm of counseling.

HERBERT H. APTEKAR

*Jewish Community Services  
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**CHRONIC SCHIZOPHRENIA.** By Thomas Freeman, John L. Cameron and Andrew McGhie. New York: International Universities Press, Inc., 1958. 158 pp. \$4.00.

This book is, in the authors' words, a "clinical, interpretative, and therapeutic study of chronic schizophrenia." The insights of psychoanalysis were used in the study of a group of patients with severely deteriorated personality structure. The relationships of patients to other patients, to nurses, and to doctors were studied with the purpose of determining how these relationships promoted or hindered recovery.

In the first three chapters some theories advanced by other psychiatrists and psychologists are summarized and in some instances evaluated. The authors add to these earlier theories. Their conclusion is that the central feature of the schizophrenic disease process is a disturbance of the development and maintenance of adequate ego boundaries. Illustrations from the patients studied clearly demonstrate that the breakdown of ego boundaries re-

sults in the patient's confusion in his own identity or his inability to discriminate between himself and his environment. Further illustrations are given to show how this basic disturbance results in disturbances in perception, thinking, and memory. A chapter on the treatment of chronic schizophrenia describes the methods used in helping patients re-establish contact with the environment.

Brief mention is made of how information obtained from relatives is used in understanding patients' reactions and verbalizations, and of the importance of helping relatives to gain a better understanding of mental illness and to feel less guilty and anxious.

With the possible exception of the first three chapters, this book would be of interest to all social workers working with chronic schizophrenic patients, especially those in mental hospitals. It would have particular value in the development of the therapeutic environment and in ward management, as many practical ideas are illustrated. One example is the importance to these patients, who are confused about their identity, of having their own clothing.

From the traditional roles of working with children, social workers will recognize the similarity in the methods used in treatment of the described patients to those employed both in the rearing and treatment of children. Also, the impact of the environment and how to use this constructively will not be new. What will be gained from the book is fuller understanding of the meaning of patients' actions and verbal expressions, and greater awareness of how known techniques can be applied to this type of patient. Although the focus of treatment efforts described in the book is largely on helping nursing personnel in their relationship to patients, social workers will find much that is applicable to their work with the chronic schizophrenic patient.

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# LETTERS

## MORE ON HARD-TO-REACH CLIENTS

When I read the articles by Kermit Wiltse, Ruth Ellen Lindenberg, and Berta Fantl, I was most interested to find a pervasive attitude of responsibility for refinement of our techniques in working with people who differ from traditional casework expectations. To me, however, there was a striking omission in the descriptions of this client group, in that the parents of children in foster care were nowhere mentioned.

The parents of children in foster care present a picture of varying degrees of anti-social acting out. They are people whose understanding of children's needs, and especially emotional needs, is minimal as we middle class social workers see them. Their ability to discuss is many times severely limited or remarkably unproductive. How many children come into care because of what can be construed as accidents of fate or because of a combination of circumstances over which the parents feel they have no control? And how many children remain in care because of social workers' feelings that the foster home or institution has more to offer? It seems to me that we have a primary obligation to the children to help these parents function as parents. Using what we know of ego psychology, we must reach out and, in a sense, be parents to the parents, making specific suggestions for activity with and handling of their children at the time of visits, delineating the parental function in clear and tangible terms, telling and showing how to use community resources toward the establishment and/or buttressing of the child's own home. I think we cannot afford to move slowly in assuming this role and carrying out this function in relation to parents. By the time a child has "settled" into an institution or foster home, the seeds of conflicting identity are sprouting. The child will more or less "forget" his own parents, but I think we cannot in good conscience

"help" him to forget. In the child welfare field I hope we can look forward to an increased use of those techniques which will help parents make it possible for children to grow up in their own homes.

JANET R. JABLONS  
*The Speedwell Society, Inc.*  
New York, N. Y.

I would like to share with readers of *SOCIAL WORK* my concern for still another group we have not been able to reach. We receive an average of four letters a month from national agencies concerning persons who have written in response to a magazine story or column on marriage problems or parent-child relations. Usually we receive a carbon copy of the letter written to the person, which suggests they consult a local agency. The name and address of the agency is included in the carbon copy of the letter. We have followed no set pattern in handling this, but in the majority of cases, we have written the person telling him about our service, and offering an appointment. We have also cleared the name with our own files and the Social Service Exchange to determine whether he has ever consulted a social agency. In only two instances did we find any record. Over the past two years, we have had only one person to respond to our letter. On the basis of this experience, we can only speculate and draw questionable conclusions. Does the person who writes a column adviser or a national agency in a remote city want to remain anonymous or does the article he reads stimulate him to reach out, through correspondence, for some solution to his problem? What effect does the letter from a casework agency in his community have on the person who writes to a distant city for advice? The letter from the local agency stresses confidentiality of service, but is this sufficient? Would further knowledge of the person's problem, which he must have written about, help us to personalize

a letter suggesting the use of a local agency?

The great majority of our communities are growing and expanding rapidly; most of us have stepped-up our public information programs in order that the community may learn about our services, yet this has had no discernible effect on the group who increasingly write to a distant city expressing some need for help. Does this represent a different group of hard-to-reach clients? If this is true, what can we do about it?

It is possible that other casework agencies have developed a way of reaching persons who write to national agencies or magazine editors seeking help. As a student of the late Porter Lee at the New York School of Social Work, we studied the various problems listed by persons who wrote to national magazines, and I recall his sage advice that this group would increase in number. We have seen this come to pass, but we have made little progress in developing ways and means of reaching this group of people who seek help in their own way.

CHRISTINE F. ADAMS

*Child and Family Service, Inc.  
Norfolk, Virginia*

#### **DISTINCTION BETWEEN AUTHORITY AND INFLUENCE**

I have just completed reading the October issue of *SOCIAL WORK* and want to tell you of my enthusiasm for the "food for thought" which this magazine is providing to the profession. I found it stimulating and particularly useful in revealing significant trends in many areas of social work.

In this particular reading I found two references to my 1954 article "An Outline for the Study of Social Authority Factors in Casework." Both of them quoted the definition of authority which I then proposed and which distinguished between social authority and psychological authority. This alerted me to the fact that the statement on "Worker-Client Authority Rela-

tionships in Social Work" which I have just submitted to you implies a change in framework which may seem to readers to disturb helpful formulations in my earlier effort to analyze these relationships. I wanted therefore to indicate my reasons for focusing on "social authority" in this more recent article. [See page 18, this issue.—Ed.]

In the effort to take the next theoretical steps I found it extremely complicated to try to conceptualize both social authority and psychological influence under the single term "authority." It is clear that authority stems from the structural aspects of human associations, and that it includes psychological aspects both in that acceptance of authority which is essential to effective action and in the meaning of authority actions to the two persons in such a relationship. But it seems also clear that there are other kinds of effective influence exercised within authority relationships which depend more on such psychological factors as trust in expertise than on authority as delegated through administration and professional sentencing systems. Furthermore, authority is a concept which is primarily developed in sociological thinking, and it has seemed to me intellectually sound, when working in an area of concern to both a social science and a practice, to define pivotal concepts in such a way that both refer to the same reality by the same terms when this can be done without violating the conceptual necessities of either discipline. A usefully concise distinction between authority and influence based on knowledge, skill, competence and ability is found in Robert Bierstedt, "An Analysis of Social Power," in Lewis A. Coser and Bernard Rosenberg, Editors, *Sociological Theory, a Book of Readings*, New York, (The Macmillan Co., 1957, pages 152-165). In my present article I have kept to such a distinction both in order to maintain clarity in communication between social work and sociology; and because distinguishing between authority and profes-

## Letters

sional influence seems to me to facilitate our own understanding of the interrelationship of these two dynamics in helping.

ELLIOT STUDD

*Russell Sage Professor  
Rutgers University*

### NEED FOR PEOPLE, NOT "ROLES"

The tone of Hans Illing's letter and the issues raised by recent articles appearing in the Group Work Section of the journal seem to suggest rather pointedly that some redefinition of "social group work" be made; some research be done to determine its validity and that some differentiation be made between recreational therapist/social group worker/group psychotherapist. There are "calls" to do several other things, too, but these three seem most prevalent in the literature and conversations.

I wonder if what we (group workers) are confronted with is not an issue confronting the entire profession of social work, *i.e.*, redefinition of what we have been saying and are saying we're doing? The question comes to mind of how well can any operational methodology be defined, precisely, to the satisfaction of everybody? In the vast arena of helping people, there are those who are out helping people and those who are trying to describe, define, and delimit this "helping people." Or so the latter group say.

It is interesting to speculate whether "research" can investigate something as vague as the process(es) of "helping people." At one time, we all felt that we could scientifically investigate anything—if we were only objective, only "scientific" enough. Now, some wonder, after the "principle of uncertainty," if we measure (or investigate, or "research") anything, *per se*, or do we merely touch the what's-going-on with our numerical gymnastics. Do we actually examine what is going on out there, or do we merely examine what our theories say is going on out there?

In an age of ever increasing job special-

ization, maybe differentiation according to function is desirable. But is it important? As the information, hypotheses, and principles of the social sciences become more diffused into our culture, do not many of our helping efforts become more similar than different; and, while our job descriptions tell us we're doing hundreds of different things, our activity on those jobs tells us all that we are doing about half a dozen of the same things?

I am not sure but what our gyrations over the definite is a seeking after a stable kind of professional functioning that is rapidly falling down around all of us (*e.g.*, some treatment agencies refer to all personnel as "social therapists"; there is an ever expanding use of "teams"—groups designed to give the help, and so on). And just as our physical world becomes smaller because of technological diffusion, is it not reasonable to assume that the world of job functioning (especially in its sociological aspects) becomes smaller; that there are more of us doing pretty much the same thing in actuality, even though our theories may say otherwise?

"What is social group work?" is, to my mind, no different than the age-old question of what must some of us do for others of us—and how? Is the answering of this question more important than the fact that some of us *are* doing something for others of us? And, if we call this something recreational therapy, or social group work, or group psychotherapy, or intensive group therapy, is this of greater, or any, importance to the "helping," or is it an appendage to our own, individual needs for status, security, and meaning that only comes (some feel) from doctrinaire scholasticism?

Some of us are saying that people need people, not a "role," for roles can insulate us from one another. Job descriptions can delude us into thinking that we are doing something when we may not be, and trying to find the validity and significance of methodology can (if we are not extremely careful) bog us down in trying to find a meth-

odology to test the methodology. Our search for meaning (through redefinitions, differentiations, research) is an important activity in all our lives, but modern science stands as a constant reminder that the "principle of uncertainty" makes more for an honest modesty than for scholastic megalomania.

ANDREW E. CURRY

*Social Service Department  
Mendocino State Hospital  
Talmage, California*

### WORKING WITH YOUTH IN CONFLICT

I want to congratulate Paul Lerman on a clear, concise description of what goes into work with one specific group of hard-to-reach (or serve) youth in conflict. His effort to delineate the worker's use of appropriate techniques and skills in affecting group change within the context of actual neighborhood life as well as against a background of some relevant theoretical notions was noteworthy and in considerable degree successful.

I would like, in particular, to emphasize the importance of his point No. 12, under implications for practice, "The relationship of the worker to the group and the worker to the individual is our key potential for helping." The positive worker relationship with the difficult youngster and group is certainly the *sine qua non* of any effective influence the worker may have. Assuredly, it is a relationship which is built on understanding, patience, love, confidence, trust, sensitivity, and a clear perception of how far, when, how, why and with whom the worker may go in interpreting appropriate social norms and values and imposing social controls. The trained and skilled worker can be a powerful, socially therapeutic agent with the unmoored, ambivalent, conflicted youngster and group.

I would like also to suggest that the street worker needs not only considerable understanding and skill in work with groups and individuals but knowledge and ability in dealing with and influencing such

social institutional arrangements as family, police, court, school, social agency, and informal young adult structures which fashion so directly the values and norms of the youngsters getting into trouble. I am suggesting that, by the very nature and extent of the worker's developing an adequate and meaningful relationship with these youngsters, he must become embroiled in the various complex ramifications of their unintegrated and discontinuous social world. Only through full contact with and understanding of the interacting social structures and systems will he be able to help the youngster and group better able to cope with the world that surrounds and is a part of them. Thus, the street worker is par excellence an integrative person; and for this function he must be trained and competent as a generic social worker to deal not only with group and individual processes but with certain aspects of neighborhood and community organizational processes which have a crucial impact on the youngster and his group.

Finally, it seems to me that as we continue to work with gang groups and explore more carefully what we are doing with them we shall need to know rather early about the significant characteristics which distinguish them. Groups in one neighborhood differ from those in another; on the same block groups may be very different. Indeed, what procedures and techniques may work with one group may not be effective with another. If we are to make general headway in work with gangs and troublesome youngsters we shall have to identify fully and systematically the types of groups and neighborhood social systems we are dealing with.

IRVING SPERGER

*Doctoral Student  
New York School of Social Work*

### "THIS IS WHERE I CAME IN"

I wish to congratulate you on the October 1958 issue and in particular on the articles by Neva Itzin, Kermit Wiltse, and Ruth

*Social Work*



## Letters

Lindenberg. After some years of being critical of the direction of social work practice, I feel finally that "this is where I came in." The emphasis on the social in social work has reappeared and with it perhaps will come an increased motivation for young people to enter our profession with a "welcome assumption of social responsibility and a desire to express and implement this responsibility."

Twenty years ago when I entered a school of social work, I was interested that the variety of courses available included not only social casework, group work, and personality development, but community organization and the history of social welfare as well. In the field of casework practice, however, I found too often that social problems and the individuals in whom they resided were left to the untrained worker in public assistance and child welfare agencies or even to the politician for service.

It is therefore most gratifying for me to find the profession currently taking a broader view of its functions to include a more creative understanding of reality problems. Perhaps this will attract some workers out of retirement (which has usually meant working as a volunteer in community organizations) into professional activity once more. Perhaps there will even be found a place for us in welfare organizations as the community learns that social workers are now more comfortable and more at home in the world of social reality.

BELLE PARMET

*Flemington, New Jersey*

### BRIEF RECORDING

Ralph Ormsby prayerfully concluded his review (October 1958 issue) of *Research Projects in Recording* with the hopefulness that now caseworkers might "do something about recording." The inference that nothing is being done is unwarranted. Our agency has adopted a brief recording system consisting of dictation of the intake interview and of the closing summary, very much

akin to the recording method of the Family Consultation Service of Wichita, Kansas. It would be highly presumptuous not to assume that many other agencies also have similar systems in effect.

My experience as caseworker in our agency has shown that workers move quickly and comfortably into brief recording, despite their previously "conditioned reflex attitudes and habits toward recording." This ready acceptance was facilitated because we in our agency see ourselves functioning with professional competence.

Perhaps the common fallacy that caseworkers do lots of talking and less of doing in terms of finding answers to their problems in practice is not valid. Where conditions permit mature professional performance, I find that workers are able to trust their skills and knowledge to readily do this. I cannot help wondering why, if we are using the brief recording, it is not as applicable for others to do so as well. It would seem to me that the generic aspect is obvious.

SYLVIA SCHILD, R.S.W.

*Parent-Child Guidance Service  
Jewish Big Brothers Assn. of L.A. County  
Los Angeles, California*

### DEADLY—LIKE CYANIDE

Ralph Morgan's article in the October issue titled, "Completed Staff Work," is the harbinger of a new era in social work. Gone at last is time wasting discussion over who should be fired or hired or what is to be done, when and how. Those silly discussions only wound up as arguments with people telling each other just what they thought. This new application of completed staff work will eliminate such trivia and perhaps the concept will soon insinuate itself into the entire field of social work. It's simple, efficient and deadly—like cyanide.

Social workers shall grasp this new tool like a scythe and cut through the entire time consuming process of face to face inter-

views, at long last. The day of the conference between worker and supervisor is almost over. A worker can soon present his "completed staff work" on a case to his supervisor who will then check off "approved" or "disapproved." This is real efficiency. Better still, let the client come to the interview with "completed staff work" on themselves (four copies, please) and have a worker check off "yes" or "no" to his proposals. This grand idea can be applied to evaluations. We could transcribe all the information to punch cards and let a machine do it.

Mr. Morgan is in the vanguard of creeping bureaucracy, which, with its fluttering banner of red tape is slowly nibbling at the edges of social service administration. The job of our agencies is to serve the client but already, many of us, especially in public welfare, are more concerned with meeting the endless rules, regulations, procedures and formalities of the administration. It is easy to lose sight of our first goal when our attention and efforts have to be turned to "completed staff work" and the officialese it represents. I dare say that in many agencies, as much time goes into the compliance with regulations and procedures, our secondary goal, as goes into serving the client, our first objective.

Social workers of the world, unite! You have nothing to lose but your red tape! Repel the I.B.M. monster! Into the streets, man the barricades, unite, or die!

JOHN J. RYAN

*Catholic Charities of the  
Archdiocese of New York  
New York, New York*

### A SPIRITUAL ANCESTOR

Neva L. Itzin in her article "Right to Life, Subsistence, and the Social Services" (SOCIAL WORK, October 1958) has given a vital impulse to social work by examining the philosophic and historic foundations on which our profession must be based. Pointing at a "legally guaranteed right to life through laws establishing the right to subsistence" as

their logical core, she has, I think, defined the crucial issue.

Now we must note that the demand for such a right has been implicit in much of the writings of reformers and revolutionaries throughout the 19th century; strangely, though, it has rarely been formulated explicitly. The outstanding attempt to base a comprehensive plan for the betterment of the human condition on this very right was made by the Austrian "social philosopher" (or "societal engineer") Josef Popper-Lynkeus who laid down the fundamental principle as early as 1878 in his book *Das Recht zu leben und die Pflicht zu sterben* (*The Right to Live and the Duty to Die*) and then elaborated it in later books up to his death in 1921. Having neither mass appeal nor political connections, he never became widely known; but he received the attention, and indeed the homage, of such men as Einstein, Mach, and Freud.

He has been "rediscovered" in this latter context. Interest in him motivated a recent paper by Rosenzweig in the yearbook *Psychoanalysis and the Social Sciences* and one by Crocker soon to be published in a psychoanalytical journal. It is, however, as a social rather than as a psychological pioneer that Popper-Lynkeus is of prime importance.

Luckily for us, an outline of his thinking is now easily accessible to American readers in Henry I. Wachtel's book *Security for All and Free Enterprise* (New York: Philosophical Library, 1955). By acquainting themselves with it, social workers will come to know one of their most distinguished spiritual ancestors. This would advance the task that Miss Itzin has so nobly begun.

Cleveland, Ohio

ROBERT PLANK

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